

# TRAINING GUIDELINES AND PROGRAM DESCRIPTIONS

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### OVERVIEW

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## Overview

### Training Guidelines and Program Descriptions

The American Nurses Association “Public Health Nursing: Scope and Standards of Practice”<sup>1</sup> practice guidelines describe the standards of practice, standards of professional performance and provide measurement criteria for public health nursing care. These standards of public health nursing practice are meant to guide, define, and direct health professional nursing practice in all settings.

In order to remain consistent and in alignment with these nationally recognized standards of public health nursing practice, the Department for Public Health Administrative Reference “Training Guidelines and Program Descriptions” chapter provides specific training guidance and program overviews for the clinical and community health services provided in local health departments.

One of the standards of Professional Performance which specifically relates to training and competencies, Education, states *“The public health nurse attains knowledge and competency that reflects current nursing and public health practice.”*

The measurement criteria for this standard include the following guidelines:

The public health nurse:

- Participates in ongoing education activities to maintain and enhance the knowledge and skill necessary to promote the health of the population.
- Seeks experiences to develop and maintain competence in the skills needed to implement policies, programs, and services for populations.
- Identifies learning needs based on nursing and public health knowledge, the various roles the nurse may assume, and the changing needs of the population.
- Identifies changes in the statutory requirements for the practice of nursing and public health.
- Maintains professional records that provide evidence of competency and lifelong learning.
- Seeks experiences and formal and independent learning activities to maintain and develop clinical and professional skills and knowledge.

Additional measurement criteria for the Advanced Practice Public Health Nurse includes:

The advanced practice public health nurse:

- Uses current research findings and other evidence to expand nursing and public health knowledge, enhance role performance, and increase knowledge of professional issues.

<sup>1</sup> American Nurses Association (2007), Public Health Nursing: Scope and Standards of Practice. Silver Spring, MD: Nursesbooks.org.

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## TRAINING MATRIX GUIDELINES\*

	<b>Abstinence Education</b>	<b>Adult Preventive</b>	<b>Arthritis</b>	<b>Asthma Program</b>
<b>Description</b>	Provide education to decrease early sexual activity and teen pregnancy.	Provides for age-appropriate health screening or services.	Provides self-help, Arthritis Aquatics, classes for individuals in the community with arthritis.	Provides public and professional asthma education and awareness, in order to decrease asthma morbidity and mortality and improve the quality of life for people with asthma in KY.
<b>Target</b>	Adolescents age 10 – 19.	Adults 21 and above needing access to preventive health services.	Persons with self reported or MD diagnosed arthritis.	All people with asthma in Kentucky
<b>Category</b>	I.B.	I.B.	I.B.	I.B.
<b>Laws, Regs</b>	<a href="#">Title V, PL 104-193</a>	<a href="#">KRS 211.180</a>		
<b>Funding Sources</b>	Federal – CDC	State General & Local	Local Funding	Federal – CDC funding
<b>Cost Center</b>	837	810	856	722
<b>Staff Req.</b>	Recommend experience with adolescents.	Direct care MD, ARNP, PA or RN. Support: LPN & other appropriately trained health professionals.	RN's Health Education, Program Coordinators, lay people who are trained.	Varies with level of services: certified asthma educator, RN, health educator
<b>Training Req.</b>	A-H Compliant with curricula abstinence education definition as defined by law PL 104-193	RNs must complete a DPH approved training	LHD staff must complete DPH approved training.	New Nurses – Asthma 1-2-3 one hour training – Optional for clinic nurses. Module will be on TRAIN in the fall, 2010 Experienced Nurses – Asthma Educator Institute – Optional Contact Asthma Program Mgr.
<b>Competencies</b>	<i>Under Development</i>			
<b>Reporting</b>	Semi and annual progress report in approved format	PSRS	Annual progress report in approved format.	CDC Special Projects
<b>References</b>		PHPR		
<b>Division</b>	DWH	PQI / Chronic Disease Branch	PQI / Chronic Disease Branch	PQI

**\* KEY:**

Category I.A. = Core service, required by statute or regulation.  
Category I.B. = Preventive service for specific populations from appropriated funds.  
Category II. = Local option service, provided after mandated services are assured.  
TA = Trust and Agency (fees)  
GF = General Fund  
EHMIS = Environmental Health Management Information System  
RS = Registered Sanitarian

## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>Breastfeeding Peer Counselor Program</b>	<b>KY Women's Cancer Screening Program</b>	<b>Cardiovascular Health Program</b>
<b>Description</b>	Provides peer to peer (paraprofessional) breastfeeding information and encouragement to WIC Program pregnant and breastfeeding mothers.	Provides breast & cervical cancer screening & follow-up services to promote optimal outcomes for women.	Provides public & professional awareness, community education, quality improvement & community mobilization to reduce the incidence & complications of cardiovascular disease.
<b>Target</b>	WIC Program participants who are of the status of pregnant or breastfeeding.	All women under 250% of federal poverty guidelines.	All Kentuckians at risk for CVD with special emphasis on school age youth, women, rural & the African American populations.
<b>Category</b>	I. B.	I.B.	I.B.
<b>Laws, Regs</b>		<a href="#">KRS 214.554</a> , <a href="#">P.L. 101-354</a> , P.L. 101-183, and P.L. 101-340.	
<b>Funding Sources</b>	Federal WIC Breastfeeding Peer Counselor Grant funding to selected agencies	Federal - CDC, State General Fund.	Federal – CDC funding for special projects.
<b>Cost Center</b>	840	813	832
<b>Staff Req.</b>	Peer Counselors must have successfully breastfed at least one baby and have been a WIC participant.	MD, ARNP, or PA recommended. RN with cancer screening certification. Nurse Case Manager: (ARNP, RN, or LPN)	Varies with level of services: nurse, RD or certified nutritionist, &/or health educator.
<b>Training Req.</b>	Peer Counselor must complete 12 modules of Loving Support Through Peer Counseling. The Peer Counselor must have breast fed 1 infant and must have 4 hours continuing education every year.	Cancer screening training with preceptorship in CBE, Bimanual exam and Pap. Annual update. If nurse has a lapse of one (1) year in providing either service, she/he must contact DPH to determine training needs.	Varies with level of services provided.
<b>Competencies</b>	<i>Under Development</i>		
<b>Reporting</b>	Breastfeeding Peer Counselor Program	PSRS, Special KWCSF reports	Special project reports.
<b>References</b>	Loving Support Through Peer Counseling	PHPR	PHPR
<b>Division</b>	MCH	DWH	PQI

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>Child Fatality Review</b>	<b>Diabetes**</b>
<b>Description</b>	Multidisciplinary review of child deaths to identify preventable factors.	Provides a variety of diabetes prevention and control efforts. Since funds are not sufficient to support implementation of all aspects of the program statewide, the program is implemented at four levels of activity:  <u>Level 1:</u> Provides/coordinates public awareness activities  <u>Level 2:</u> Provides/coordinates public awareness and group educational programs that target behavior change (specifically, comprehensive diabetes self-management training)  <u>Enhanced Level 2:</u> Provides/coordinates public awareness, group educational programs, professional education activities and community mobilization/community change activities to reduce the incidence and complications of diabetes.  <u>Level 3:</u> All of the above activities within a region plus projects of state-level significance
<b>Target</b>	Unexpected or unexplained deaths of children < 18 years of age.	Kentuckians with or at risk for diabetes.
<b>Category</b>	I.B.	I.B.
<b>Laws, Regs</b>	<a href="#">KRS 211.684</a>	
<b>Funding Sources</b>	State General.	Federal – CDC and State General.
<b>Cost Center</b>	818	809, 841
<b>Staff Req.</b>	LHDs are required to have a representative on the local team.	Clinical/DSMT providers: RN, RD or certified nutritionist  Community service providers: Varies with level of service. Certification as a diabetes educator (CDE) preferred for Levels 2 ½ and above.
<b>Training Req.</b>	Recommend MECAN series of online modules and grief counseling modules via TRAIN	Clinical providers: Initial diabetes training modules available through the American Association of Diabetes Educators (AADE). Contact the Diabetes Program staff at (502) 564-7996 to obtain access to these training modules. A minimum of bi-annual updates required.  DSMT providers: On-line modules from AADE, in person and observation training available through the Diabetes Program. Contact the Diabetes Program staff at (502) 564-7996 to obtain access to these trainings. A minimum of bi-annual updates required.  Level 3 staff may have additional requirements as determined by KDPCP.  Community: Varies with level of service.
<b>Competencies</b>	<i>Under Development</i>	
<b>Reporting</b>	Coroner Reports & Vital Statistics.	CHSR, PSRS
<b>References</b>		PHPR
<b>Division</b>	MCH	PQI

\* Refer to front page for a Key to Categories and Abbreviations.

\*\* Diabetes Centers of Excellence (DCOE) staff must follow DCOE guidelines if different from above.

## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>Family Planning</b>	<b>Folic Acid</b>	<b>Genetics</b>	<b>HANDS</b>
<b>Description</b>	Provide FDA approved methods of birth control & counseling to reduce unplanned & mistimed pregnancies.	Provides multivitamins with 0.4 mg. of folic acid & counseling to prevent neural tube defects.	Regional outreach services to provide genetic counseling, diagnosis & education.	Voluntary home visits to support at risk parents during prenatal period & up to child's second birthday.
<b>Target</b>	Priority to families < 100% poverty.	Women of childbearing age.	Anyone with a suspected genetic risk.	Pregnant women (first time parents) & their infants & toddlers.
<b>Category</b>	I.B.	I.B.	I.B.	I.B.
<b>Laws, Regs</b>	<a href="#">Federal Title X PL 91-572</a>	<a href="#">KRS 200.703</a>		<a href="#">KRS 211.690</a>
<b>Funding Sources</b>	Federal Title X and MCH Block.	State General Fund	For selected sites. Federal – MCH Block, State General	Phase I Tobacco Settlement and Federal Medicaid
<b>Cost Center</b>	802	802	802	853
<b>Staff Req.</b>	<i>Medical:</i> MD, ARNP or PA. <i>Counseling:</i> RN, LPN appropriately trained health professional.	Nurses, nutritionists, dietitians, health educators or physicians may provide counseling.	RN Coordinator, works with UK or UL genetic team	Coordinator: RN, SW or other professional Supervisor: Licensed RN/SW Family Support Worker: high school diploma or GED Parent Visitor: RN, SW or other professional RN/SW Visitor: RN or SW
<b>Training Req.</b>	Mandatory Initial: Video and orientation modules  Annual: 6 CEUs (approved trainings)	Folic Acid training module	Periodic training updates	Mandatory core, curriculum and advanced training along with annual basic wrap around hours  Basic computer training recommended
<b>Competencies</b>	<i>Under Development</i>			
<b>Reporting</b>	PSRS	PSRS	PSRS	HANDS web-based system
<b>References</b>	PHPR	PHPR	PHPR	PHPR
<b>Division</b>	DWH	DWH	MCH	MCH

\* Refer to front page for a Key to Categories and Abbreviations.



## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>Home Health</b>
<b>Description</b>	Provides intermittent health & health related services to patients in their place of residence under MD prescribed plan of treatment.
<b>Target</b>	Anyone referred from a physician in need of service as described in <a href="#">902 KAR 20.081</a> .
<b>Category</b>	II.
<b>Laws, Regs</b>	<a href="#">902 KAR 20.081</a> , Medicare, Medicaid, CHFS Licensure, HIM-11, HIM-15.
<b>Funding Sources</b>	Medicare, Medicaid, insurance & private pay
<b>Cost Center</b>	861 through 868
<b>Staff Req.</b>	RN coordinator (full time). Additional qualified & licensed staff as needed.
<b>Training Req.</b>	<p>Home health nurses will receive on the job training as applicable to their position. Other training may be provided by the Kentucky Home Health Association or other organizations when workshops are available.</p> <p>Training includes:</p> <ol style="list-style-type: none"> <li>1. Must Demonstrate clinical competency</li> <li>2. Medicare and Medicaid home health guidelines regarding qualifications and covered home health services</li> <li>3. Medicare Home Health Advance Beneficiary Notices and notice of Medicare Non-Coverage</li> <li>4. Patient Rights and Confidentiality, acceptance of patients for services</li> <li>5. Medicare Conditions of Participation, Medicare PPS &amp; ICD-9 coding</li> <li>6. State licensure requirements for home health agencies</li> <li>7. Role of other disciplines in home health (Aide, PT, ST, OT, MSW)</li> <li>8. Completion of OASIS (Start of Care, Transfer, Resumption of Care, Follow-up, Significant Change in Condition, and Discharge)</li> <li>9. Completion of Plan of Treatment, Clinical documentation guidelines</li> <li>10. Use of point of entry software system if applicable</li> <li>11. Scheduling visits, Recording physician verbal orders &amp; On-Call responsibilities</li> <li>12. Supervision of Home Health Aides</li> <li>13. Coverage, guidelines and all other home health payer sources/programs such as EPSDT Special Services, Model II Waiver, Home and Community Based Waiver</li> <li>14. Outcome Based Quality Improvement &amp; Quality Management</li> <li>15. Infection Control/Risk Management in the home setting</li> </ol> <p><b>Home Health Aides</b> - Minimum of 12 hours in-service annually.</p> <p>Home health aides must have completed a nurse's aide course and received certification. In lieu of the aide certification, the home health agency may provide the training which includes 75 hours of classroom training and 16 hours of supervised practical training. The training must follow regulations per Federal Register, Title 42, Chapter IV, Part 484 Home Health Services. The home health agency must conduct a competency evaluation (by a Registered Nurse) and performance review of each aide no less frequently than every 12 months. In addition, the aide must receive at least 12 hours of in-service training during each 12-month period.</p>
<b>Competencies</b>	<i>Under Development</i>
<b>Reporting</b>	HH Billing System
<b>References</b>	
<b>Division</b>	AFM

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	Immunizations	Lead
<b>Description</b>	Provides immunizations and immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases.	Provides blood lead screening for lead levels & case management/environmental follow-up services for persons with elevated lead levels and lead poisoning.
<b>Target</b>	Primarily children & some adults.	Children less than six years of age & pregnant women.
<b>Category</b>	I.A.	I.A.
<b>Laws, Regs</b>	<a href="#">KRS 214.034</a> <a href="#">KRS 214.036</a> <a href="#">902 KAR 2:060</a>	<a href="#">KRS 211.900-211.905</a> , <a href="#">902 KAR 4:090</a>
<b>Funding Sources</b>	Federal – CDC, State General Fund.	Federal – CDC
<b>Cost Center</b>	801	811/818
<b>Staff Req.</b>	Nurses	All Nurses performing lead screenings, case management/follow-up services Environmentalists performing Onsite Visual Investigations and/or Certified Risk Assessments
<b>Training Req.</b>	Requires familiarity with recommendations and references. <a href="http://www.cdc.gov/vaccines/pubs/videos-webcasts.htm">www.cdc.gov/vaccines/pubs/videos-webcasts.htm</a> <a href="http://www.cdc.gov/vaccines/pubs/textbks-manuals-guides.htm">www.cdc.gov/vaccines/pubs/textbks-manuals-guides.htm</a> <a href="http://www.cdc.gov/vaccines/vpd-vac/default.htm">www.cdc.gov/vaccines/vpd-vac/default.htm</a>	Lead Case Management Trainings on TRAIN  Initial: Lead Case Management modules on TRAIN are mandatory for all current and new nurses to be completed within six months Annual: Mandatory update trainings when posted
<b>Competencies</b>	<i>Under Development</i>	
<b>Reporting</b>	PSRS	PSRS
<b>References</b>	Vaccine Preventable Disease	Lead Section; Forms and Teaching Sheets/Lead Section, ACH 25, ACH 94; Follow-up/Internal Tracking; Prenatal Section; Preventive Guidelines, Pediatrics Section
<b>Division</b>	EPI & HP	MCH

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	Maternity	Nutrition	Oral Health
<b>Description</b>	Assures maternity services either directly or by referral.	Provides individualized counseling, group education & community resources to promote optimal nutrition.	Provide fluoride varnish application, fluoride supplies, supplements & training & water testing to reduce caries.
<b>Target</b>	Pregnant women without a secondary payment source for prenatal care.	Individuals with a medical problem for which dietary therapy can be beneficial (Medical Nutrition Therapy - MNT), community nutrition activities.	Children 6 months through 6 years of age for Fluoride Supplement program. Fluoride Varnish for children birth (eruption of first tooth) through age 5.
<b>Category</b>	I.A.	I.B.	I.B.
<b>Laws, Regs</b>		KRS 310; 201 KAR 33	<a href="#">KRS 211.180(1)(a)</a>
<b>Funding Sources</b>	Federal - MCH Block, PSPG, State General.	Federal MCH Block, & State General.	State General.
<b>Cost Center</b>	803	805	712, 846, 818
<b>Staff Req.</b>	<i>Medical:</i> MD, ARNP, CNM, or PA. <i>Support:</i> RN, LPN. OB consultation must be available.	MNT counseling can only be provided by a Registered/Licensed Dietitian or a Certified Nutritionist.	RN contact, ARNP, RN, LPN, RDH, DMD, DDS – Who have completed KIDS Smile Fluoride Varnish training.
<b>Training Req.</b>	<b>Initial:</b> Nurses must complete a DPH approved Prenatal/Postpartum Comprehensive Training within one year of hire/assignment to a health department prenatal clinic. <b>Annual:</b> Nurses who work in a health department prenatal clinic must also complete a DPH approved one day Prenatal/Postpartum Update annually.	Annual 15 hours of continuing education required to maintain license or certification.	Kids Smile Fluoride Varnish training. Refresher course available upon request.
<b>Competencies</b>	<i>Under Development</i>		
<b>Reporting</b>	PSRS	PSRS	PSRS
<b>References</b>	PHPR	PHPR	PHPR
<b>Division</b>	MCH	MCH	MCH

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	Physical Activity	Reportable Disease	Resource Persons
<b>Description</b>	Promote/provide evidence-based strategies and promising practices including policy and environment approaches for physical activity across the lifespan. Reference: The Guide to Community Preventive Services <a href="http://www.thecommunityguide.org/pa/index.html">http://www.thecommunityguide.org/pa/index.html</a>	Provides surveillance, investigation & follow-up/response for reportable conditions and outbreaks of non-reportable conditions (MRSA).	Provides home visiting, support & referrals to promote healthy mothers and babies.
<b>Target</b>	Community	General public with an identified or suspected condition of public health importance.	Teens enrolled for maternity services.
<b>Category</b>	I.B.	I.A.	I.B.
<b>Laws, Regs</b>		KRS 211.258 902 KAR 2:020	
<b>Funding Sources</b>	Federal PSBG & State General & Local.	Federal - CDC & State General.	Federal – MCH Block, PSBG & State General.
<b>Cost Center</b>	857	800, 801 and 807 plus function code 152	858
<b>Staff Req.</b>	Health Educators, Program Coordinators, lay people, RNs, trained in approved 857 Cost Center Strategies.	Nurses, Epidemiologists Environmentalists as needed for suspected/food and waterborne outbreaks.	Experienced parent or paraprofessional working under the supervision of professional staff.
<b>Training Req.</b>	PRN Web based training Chronic Disease Series – Physical Activity & Health Module <a href="http://www.center-trt.org/index.cfm?fa=webtraining.cdspa">http://www.center-trt.org/index.cfm?fa=webtraining.cdspa</a> *Required Trainings of the specific 857 strategies chosen by local health departments. *LHD staff must complete DPH approved trainings and attend annual Physical Activity	a. Reportable Disease staff must be an active member of the local health department's Epi Rapid Response Team. * Attend a two day beginners training session for ERRT. * Attend the application day exercise in the first year as an ERRT member. * Attend the application day exercise once every three years as a refresher. * Complete four hours of approved contact hours annually. * Attend two annual ERRT conferences within a four year	Specific training, 14 days total.

## TRAINING MATRIX GUIDELINES\*

(continued)

	Physical Activity	Reportable Disease	Resource Persons
<b>Training Req.</b> (continued)	Conference attendance. Osteoporosis Train Modules: 1012971 & 1009372	period.  b. Reportable Disease staff nurses without formal epidemiology training are expected to complete the CDC course: <i>Principles of Epidemiology in Public Health Practice.</i>  C. State and LHD Reportable Disease staff must complete KY Disease Surveillance Module Training	
<b>Competencies</b>	Knowledge of physical activity guidelines, Built Environment (Smart Growth Principles) Policy & Advocacy Training CPR/Firs Aid/AED CHES Certification is encouraged	Nurses are expected to: Have a basic understanding of epidemiology regarding the ten steps of outbreak investigation and data collection methods. Epidemiologists are expected to: Have a comprehensive understanding of epidemiology involving outbreak investigations and data analyses and serve as a resource to reportable disease nurses in their region. Regional Epidemiologists are required to update necessary staff with case definitions, epi curves, line lists, and reports during an outbreak investigation.	<i>Under Development</i>
<b>Reporting</b>	PSRS	Reportable Diseases Form, (EPID 200 ) Disease Surveillance Module (Electronic)	PSRS
<b>References</b>	PHPR	Reportable Disease Desk Reference.	PHPR See also: Maternity
<b>Division</b>	PQI	Division of Epidemiology and Health Planning	MCH

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>School Health: Clinical Services</b>	<b>School Health: Coordinated Services</b>	<b>Sexually Transmitted Disease and HIV/AIDS</b>
<b>Description</b>	Includes preventive health services, education, emergency care, referral & management of acute & chronic conditions in a school setting. Synchronize clinical with coordinated school health services.	Provides seven of the eight components of coordinated school health: 1) Education; 2) Physical Education; 3) Nutrition; 4) Counseling, Psychological, & Social Services; 5) Environment; 6) Healthy Staff; 7) Family & Community Involvement. (Should be synchronized with #8, Clinical Health Services.)	Provides education, surveillance, diagnosis, treatment, & contact follow up for sexually transmitted diseases.
<b>Target</b>	School aged & adolescent children up to age 21.	School aged & adolescent children up to age 21.	Individuals who are at increased risk for acquiring STDs as well as individuals diagnosed with STDs
<b>Category</b>	I.B.	IB	I.A.
<b>Laws, Regs</b>	<a href="#">KRS 156.501</a> <a href="#">KRS 156.502</a> , <a href="#">KRS 314.011</a> , & KDE & DPH mandates.	Must be carried out in accordance with KDE & DPH mandates.	<a href="#">KRS 211</a> and <a href="#">KRS 214 902 KAR 2.080</a>
<b>Funding Source</b>	PSBG, Fed. MCH Block Grant, State General & contracts with schools.	PSBG, Federal MCH Block Grant, State General & contracts with schools.	CDC – Prevention Funds and State General Funds
<b>Cost Center</b>	Determined by ICD-9 code.	Determined by Community-based Plan.	807
<b>Staff Req.</b>	Nurses for clinical/ nursing functions. Other staff as appropriate: Health Educators, Dietitians, Nutritionists, & support staff.	Health Educators, Dietitians, Nutritionists, Nurses & support staff, as appropriate.	Healthcare providers, disease intervention specialists and support staff
<b>Training Req.</b>	Nurses are required to obtain in the first six months of hire; Adult/Child & Infant CPR, First Aid & AED certification and maintain certification status as required, complete all trainings specific to services provided i.e. Well-Child Immunizations, required in		Mandatory Clinical initial training  Mandatory initial STD modules for all healthcare providers who provide STD clinic services.  Mandatory STD Update every two years for CEU's.

## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>School Health: Clinical Services</b>	<b>School Health: Coordinated Services</b>	<b>Sexually Transmitted Disease and HIV/AIDS</b>
<b>Training Req.</b> (continued)	the PHPR for specific services, attend the KY School Nurses Association Orientation for new school Nurses and encouraged to participate in the KY School Nurses Association and the National Association of School Nurses.		Mandatory HIV/AIDS Training  DIS: Initial-Mandatory: STD Employee Development Guide, Introduction to Sexually Transmitted Disease Intervention (ISTDI), HIV CT course DIS: Advanced–Mandatory: Advanced Sexually Transmitted Disease Intervention (ASTDI)
<b>Competencies</b>	<i>Under Development</i>		
<b>Reporting</b>	PSRS, (Community Health Services Report) & KDE reports.	PSRS (Community Health Services Report) and KDE required reports.	PSRS, Provider Reports: Reportable Disease Form (EPID 200) Lab generated reports or EPID 240
<b>References</b>	PHPR, KDE references.	PHPR, KDE references.	PHPR and CDC Treatment Guidelines
<b>Division</b>	MCH	MCH	Epi & HP

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>Tobacco Use Prevention and Cessation</b>	<b>Tuberculosis</b>
<b>Description</b>	Promote/provide evidence-based strategies for youth prevention, smoking cessation, reduce exposure to secondhand smoke. Reference: The Guide to Community Preventive Services <a href="http://www.thecommunityguide.org/tobacco/index.html">http://www.thecommunityguide.org/tobacco/index.html</a>	Finding and managing persons who have or who are suspected of having active tuberculosis (TB) and ensuring completion of therapy. Finding and evaluating contacts of active TB patients and ensuring completion of appropriate treatment. Targeted tuberculin testing of persons in at risk groups and ensuring completion of treatment for latent tuberculosis infection (LTBI).
<b>Target</b>	Current smokers & youth as future potential smokers.	General population at risk.
<b>Category</b>	I.A.	I.A.
<b>Laws, Regs</b>		<a href="#">KRS 211</a> & <a href="#">KRS 215</a> , 511-600, 902 KAR 20:016-200 902 KAR 2: 020-090
<b>Funding Source</b>	Federal - CDC & State Master Settlement Agreement	Federal – CDC & State General Fund
<b>Cost Center</b>	836	806
<b>Staff Req.</b>	Minimum 0.25 FTE if <\$18,000; 0.50 FTE if >\$18,000; 1.00 FTE all Districts, Lexington, and Louisville	TB Coordinator: Each district and independent health department shall designate a registered nurse as TB coordinator.
<b>Training Req.</b>	Minimum training: tobacco issues, CDC best practices, coalition development, cessation and prevention options. Treating tobacco use dependence training: <a href="http://www1.tobaccocme.com">http://www1.tobaccocme.com</a>	<ol style="list-style-type: none"> <li>1. CDC Self Study Modules on Tuberculosis (Modules 1-5, 2008) (Modules 6-9, 2000)</li> <li>2. CDC MMWR Treatment of Tuberculosis, June 20, 2003, Vol. 52, No. RR-11</li> <li>3. CDC MMWR Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005, December 30, 2005, Vol. 54, No. RR-17. Errata 10/11/2007</li> <li>4. CDC MMWR Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, June 9, 2000, Vol. 49, No. RR-6</li> <li>5. CDC MMWR Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis, December 16, 2005, Vol 54, No. RR-15.</li> </ol> <p>For nurses and outreach workers whose duties are strictly related to tuberculosis these training requirements should be completed within 90 days of employment.</p> <p>For TB Coordinators whose responsibilities include other</p>



## TRAINING MATRIX GUIDELINES\*

(continued)

	<b>Tobacco Use Prevention and Cessation</b>	<b>Tuberculosis</b>
<b>Training Req.</b> (continued)		<p>areas beyond TB and for those staff nurses that may work in the TB program this training requirement should be completed according to the incidence of TB in the community.</p> <ul style="list-style-type: none"> <li>• If 1 case or more of active TB has been identified in the county, in each year of the last five years – complete within 6 months of employment.</li> <li>• If 1 case or more of active TB has been identified in the county in some of the last five years, but not each year– complete within 9 months of employment.</li> <li>• If zero cases of active TB have been identified in the county in the last five years – complete the requirements within 12 months.</li> </ul>
<b>Competencies</b>	<i>Under Development</i>	<p>Recommended Trainings</p> <ol style="list-style-type: none"> <li>1. CDC MMWR Controlling Tuberculosis in the United States, November 4, 2005, Vol 54, No. RR-12</li> <li>2. Attendance at national, state, and regional TB seminars</li> <li>3. CDC Interactive Core Curriculum on Tuberculosis: What the Clinician Should Know. <a href="http://www.cdc.gov/tb/pubs/corecurr/index.htm">http://www.cdc.gov/tb/pubs/corecurr/index.htm</a></li> </ol>
<b>Reporting</b>	Catalyst	<p>TB CI-1 RVCT TB-1 LTBI form TB-2 Contact Roster Follow-up form for B1, B2 TB Classified Immigrants and Refugees</p>
<b>References</b>	PHPR	PHPR TB Chapter, CDC TB Guidelines, Red Book, Control of Communicable Diseases Manual, Reportable Disease Desk Reference,
<b>Division</b>	PQI	EPI & HP

\* Refer to front page for a Key to Categories and Abbreviations.

## TRAINING MATRIX GUIDELINES\*

(continued)

	Vital Statistics	Well Child Pediatrics	WIC
<b>Description</b>	Records all births, deaths, & other vital records by county of occurrence & forwards to DPH Vital Statistics Br.	Provide comprehensive health & history screening & assessment of the physical, mental & social well-being of children.	Provides nutrition education & healthy foods for income & risk eligible individuals.
<b>Target</b>	General public	Age birth through 20 years of age.	Pregnant, breast-feeding, & post-partum women, infants and children up to age 5 at nutritional risk.
<b>Category</b>	I.A.	I.B.	I.B.
<b>Laws, Regs</b>	<a href="#">KRS 213.036</a>	<a href="#">KRS 211.180</a> (i) (e)	<a href="#">7 CFR Part 246; Section 17 of the Child Nutrition Act of 1966; 902 KAR 4:040.</a>
<b>Funding Source</b>	State T & A	State General Fund	Federal – USDA
<b>Cost Center</b>	890	800	804
<b>Staff Req.</b>	Local Registrar recommended by LHD director & appointed by Commissioner of DPH.	Registered Nurse or Nurse Practitioner trained in Pediatric Services.	WIC Coordinator MUST be designated. <i>Certifying health professional</i> – MD, nutritionist, dietitian, ARNP, RN, LPN, or PA.
<b>Training Req.</b>	Mandatory for all new registrars & mandatory updates.	Must complete the state approved Pediatric Assessment lecture course module on TRAIN, followed with a three day practicum. Required to attend one update provided by the Well-Child program every three years or other 6 CEU pediatric assessment program pre-approved by the Well-Child Coordinator.	As required by Nutrition Services Branch.
<b>Competencies</b>	<i>Under Development</i>		
<b>Reporting</b>	Certificates	PSRS	PSRS, Vendor agreements.
<b>References</b>	Registrar Guidelines	PHPR	PHPR; Volume II - Administrative Reference.
<b>Division</b>	EPI & HP	MCH	MCH

\* Refer to front page for a Key to Categories and Abbreviations.

# **Kentucky Women's Cancer Screening Program**

## **Laws, Regulations, Guidelines**

In 1990, legislation (KRS 214.554) established the Kentucky Women's Cancer Screening Program (KWCSPP) in the Department for Public Health. The KWCSPP provides breast and cervical cancer screenings, diagnostic follow-up services and case management utilizing federal grant monies from the National and Cervical Cancer Early Detection Program (NBCCEDP) as well as state and local funds.

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program. The program provides breast and cervical cancer screening exams to underserved women, including those who are older, have low incomes, or are members of racial and ethnic minority groups. The program operates in all 50 states, the District of Columbia, 6 U.S. territories, and 12 American Indian/Alaska Native organizations.

KRS 214.554 created a Breast Cancer Advisory Committee, which advises the Commissioner of the Kentucky Department for Public Health. This committee must "provide input in the development of guidelines for access to the program and the monitoring of the quality of services provided through the program."

## **Target Population**

KWCSPP targets high risk, minority populations and those who are geographically or culturally isolated from existing services, to receive early detection of breast and cervical cancer screening.

A woman may be eligible for low cost breast and cervical cancer screening through the KWCSPP if she meets the following requirements: 21 to 64 years of age, household income less than 250% of the current annual federal poverty guideline, and has no third party payer source (no Medicare, no Medicaid and no private health insurance).

## **Funding**

In 1990, Kentucky state general funds were made available for breast and cervical cancer screening services administered by the Kentucky Department for Public Health through local health departments.

In 1995, the program applied for and received federal funding for additional breast cancer screening services. CDC requires a 60/40 distribution. At least 60% of the funds must be used for direct clinical services. No more than 40% of program funds may be allocated to other required program functions, such as:

- management activities,
- development and dissemination of public information and education (recruitment and outreach),
- improvement of the education, training, and skills of health professionals (professional development),
- establishment of mechanisms through which programs can monitor the quality of screening procedures and their interpretation (data management, quality assurance, and quality improvement),
- development and maintenance of partnerships,
- surveillance and evaluation activities.

No more than 10% of the 40% may be used for administrative expenses.

The 60/40 distribution is the total amount of Federal monies awarded to the program. It does not apply to non-Federal matching funds.

## **Special Requirements**

**Staff Requirements –MD, ARNP, or PA recommended. Registered Nurse’s having completed a DPH “Comprehensive Reproductive Exam Training”.**

**Training**-Nurse Case Managers: Initial required Modules and face to face training with Case Management Coordinators. Mandatory Annual Women’s Health Updates. Cancer screening training with preceptorship for ARNP’s and RN’s in CBE (Clinical Breast Exam), Bi-manual exam, and pap screening. If nurse has a lapse of one (1) year in providing either service, she/he must contact the “initial” training provider to determine training needs.

## **Reporting Requirements**

The KWCSF must submit an annual request for funding for CDC review and approval through the grant process. If it is a noncompetitive, continuation year, an Interim Progress Report must be submitted. Competitive grants must be submitted every five years.

A Financial Status Report (FSR) is due to CDC’s PGO 90 days after the end of each budget period. An FSR is the mechanism by which unobligated financial assistance funds are officially reported to CDC.

Minimum Data Elements (MDEs) are a set of standardized data elements used to collect demographic and clinical information on women screened with National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds. The MDEs should include screening and/or diagnostic data for eligible women in either of the following scenarios:

- Services solely paid for by NBCCEDP funds
- Services paid for in part by NBCCEDP funds and any other funding source (e.g., State) with the ability to distinguish the funds contributed by the NBCCEDP.

Screening and diagnostic data collected on women reported in the MDEs must meet all data quality standards set by CDC and be complete and accurate. MDE submission to CDC occurs bi-annual on April 15<sup>th</sup> and October 15<sup>th</sup>.

### **Billing and Coding Procedures Specific to Program**

A woman may be eligible for the KWCSF if she: is 21-64 and a resident of Kentucky, have a household income below 250% of the federal poverty guideline, has no insurance (no Medicare, no Medicaid, and no private health insurance).

### **Program Specific Offerings**

The Breast Cancer Research and Education Trust Fund (BCTF), in accordance with KRS 211.580, was created in June 2005. The purpose of the Trust Fund program is to distribute moneys to support breast cancer research, education, treatment, screening, and awareness in Kentucky. The Trust Fund consists of funds collected from the state income tax check off, the sale of the “Driving for a Cure” license plates, and any other proceeds from grants, contributions, appropriations, or other moneys made available for the purposes of the Trust Fund.

Trust Fund moneys are allocated through a competitive grant process to provide funding to not-for-profit entities, educational institutions, and governmental agencies in Kentucky. Proposals are used to provide programs or services in the areas of breast cancer research, education, awareness, treatment, and screening. Preference for funding is given to entities whose programs will serve medically underserved populations. Trust Fund money availability is advertised through a board-approved notification plan. A report of the Trust Fund program accomplishments is reported to the governor and the Legislative Research Commission each year.

The Breast Cancer Research and Education Trust Fund program is located organizationally within the Department for Public Health, Division of Women’s Health (DWH). The Breast Cancer Research and Education Trust Fund Board administer the program with the assistance of DWH staff. Together, they assure that Trust Fund program moneys are used to support breast cancer research education, awareness, treatment, and screening, thereby improving the health outcomes of Kentucky’s women.

### **Advisory Committee Requirements**

(KRS 214.554) There is established within the KWCSF a Breast Cancer Program Advisory Committee (BCAC) for the purposes of: (a) Reducing morbidity and mortality from breast cancer in women through early detection and treatment; and (b) Making breast cancer screening services of high quality and reasonable cost available to women of all income levels throughout the Commonwealth and to women whose economic circumstances or geographic location limits access to breast cancer screening facilities.

The BCAC in an advisory capacity to the Commissioner of the Kentucky Department for Public Health monitors the implementation of guidelines for access to and quality of the services of the Breast Cancer Screening Program. The members of the Breast Cancer

Advisory Committee shall include: the directors of the James Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the director of the Kentucky Cancer Registry, the director of the Division of Women's Physical and Mental Health, one (1) radiologist with preference given to one who has been fellowship-trained in breast diagnostics and who shall be appointed by the Governor, one (1) representative of the Kentucky Office of Rural Health appointed by the Governor, one (1) representative of the Kentucky Commission on Women appointed by the Governor, and at least three (3) women who have had breast cancer and who shall be appointed by the Governor.

The Commissioner of the Department for Public Health, in consultation with the Breast Cancer Advisory Committee, shall annually, but no later than November 1 of each year, make a report to the Governor, the Legislative Research Commission, and the Interim Joint Committees on Appropriations and Revenue and on Health and Welfare on the implementation and outcome from the Breast Cancer Screening Program including, by geographic region, numbers of persons screened, numbers of cancers detected, referrals for treatment, and reductions in breast cancer morbidity and mortality.

### **Special Equipment Requirements**

See Radiologic Services in the Breast and Cervical Cancer section of the AR, Volume II.

### **Service Description & Key Roles & Responsibilities of Health Department**

Clinical services for women shall be provided primarily by mid-level practitioners or higher, with assistance from registered nurses and others. These services shall be provided within the greater framework of women's services.

Local health department's screen women and provide case management and follow-up services. Some health departments provide services on site and others contract these services out.

LHDs also contract with local providers to provide services required by the KWCSF. Currently there are approximately 500 subcontractors providing service to LHDs.

### **CPT Codes and Reimbursement Rates:**

<http://chfs.ky.gov/dph/info/dwh/cancerscreening.htm>

# **Child Fatality Review and Injury Prevention**

## **Laws, Regs, Guidelines**

The Kentucky Child Fatality Review and Injury Prevention Program has components with legislative mandates such as KRS211.684 "Authorization to establish state child fatality review team- Annual report on child fatalities" and KRS 213.61 "Sudden Infant Death Syndrome Program" for grief counseling.

## **Target Population**

All deceased children ages birth through 17 years of age for child fatality review. Their families will be offered grief counseling services.

## **Funding**

The Kentucky Child Fatality Review and Injury Prevention Program is funded through the Title V Block Grant and State General Fund.

## **Special Requirements**

- ***Staff Requirements***  
The local Health Department staff (nurses, social workers, or health educators) who have been designated by their agency. Staff will offer grief counseling to families whose child has died, assist the coroner in facilitation of the local child fatality review team, and assist with coordinating and reporting injury prevention efforts.
- ***Training Requirements***
  - Grief training workshop attendance and use of web based tools regarding child fatality review on the Department for Public Health Child Fatality Review and Injury Prevention program website such as "A Program Manual for Child Death Review"
  - Documentation of these trainings shall be maintained by the local health department in the staff member's personnel file.

## **Reporting Requirements**

Local Health Department staff persons submit the Grief Counseling Forms, assist the coroner with completing the local CFR Team reporting forms, and indicate injury prevention projects.

## **Billing and collection procedures**

Services as described above may be reimbursed via Cost Center 799 up to the allocated amount as determined in the Health Departments' plans and budgets. AFM notifies each health department of allocation amount.

### **Program Specific Offerings**

Assist in local CFR team review meetings, offer grief counseling to family members of child age 0- 17, coordinate injury prevention projects.

### **Program Specific Requirements**

Above mentioned documentation be submitted in a timely fashion and billing to be coded appropriately.

### **Services Description and Key Roles and Responsibilities of Health**

#### **Department**

1. Offer grief counseling to the family members of children ages 0-17 who have died.
2. Assist in the local CFR team review meetings which includes providing assistance in completed the local CFR Team reporting forms as needed.
3. Coordinate injury prevention projects.

### **Minimum Patient Responsibility**

Patient has no financial responsibility for these services.

### **Services (Arranged and Paid) Include**

Services as described above may be reimbursed via Cost Center 799 up to the allocated amount as determined in the Health Departments' plans and budgets. AFM notifies each health department of allocation amount.



## Comprehensive Group Diabetes Self Management Training (DSMT)\*

**Comprehensive Group Diabetes Self Management Training (DSMT)** is defined as a series of diabetes group classes (2 or more participants), of at least 8 hours in length, delivered over a period of no more than 3 months, utilizing the Kentucky Diabetes Prevention and Control Program's (KDPCP) curriculum or American Diabetes Association approved curriculum which covers the following topics (as appropriate to the needs of the audience):

- Describing the *diabetes disease process* and treatment options
- Incorporating appropriate *nutritional management*
- Incorporating *physical activity* into lifestyle
- Utilizing *medications* (if applicable) for therapeutic effectiveness
- *Monitoring* blood glucose, urine ketones (when appropriate), and using the results to improve control
- Preventing, detecting, and treating *acute complications*
- Preventing (through *risk reduction* behavior), detecting, and treating chronic complications
- *Goal setting* to promote health, and *problem solving* for daily living
- Integrating *psychosocial adjustment* to daily life
- Promoting *preconception care*, management during *pregnancy*, and *gestational diabetes management* (if applicable).

Instruction time for each class session will generally last 2-3 hours (including registration and breaks); however, as long as curriculum topics are covered at a minimum of time intervals defined, a class series may last one full day, two half days, etc.

**Target Audience** – DSMT classes will be offered to individuals diagnosed with diabetes and their family members. Other interested community members may also be allowed to attend.

**Staff/Training Requirements** – Instructors must be licensed professionals (RN, RD, or Certified Nutritionist). Certification as a diabetes educator (CDE) is preferred. Instructors must complete the KDPCP required training with at least bi-annual updates.

**Billing/Coding** – If the health department chooses to bill Medicaid for the service, a Patient Encounter Form (PEF) should be completed on each date of class attendance for each attendee **diagnosed with diabetes**. The code G0109 (diabetes outpatient self management training services, group session) is the code that should be used. This code is specified in 30 minute units; therefore the appropriate number of units for the time spent should be entered (e.g., if instruction time in a class is 2 hours, the code is G0109 with the number of units being 4).

**Cost of Service** – If the health department chooses to bill for the service, all attendees **with diagnosed diabetes** (unless they have Medicaid), will be required to pay a nominal fee of \$1.00 for each class (regardless of the units coded). Attendees who have Medicaid should be instructed that Medicaid will be billed for the class. Health departments may decide to collect the nominal fees on site or bill attendees at a later date. Attendees will be informed that no person will be denied services because of an inability to pay.

**Record Keeping** – A class roster including all participants and their contact information shall be maintained in a locked file by the primary coordinator of the class series (follow HIPAA guidelines).

In addition, offsite health department patient registration guidelines will apply to DSMT classes for all individuals **with diabetes** who attend a class. A modified chart will be required including:

- CH 5B (WITHOUT the completion of #20 – the salary and income section)
- CH 3A - service progress note identifying the diabetes content that was included in each class
- HIPAA form
- PEF

The completed forms/chart shall be stored in the health department of the county where the class was conducted.

**\*\*Reporting/Outcome Measurements** – The KDPCP Self Assessment Form is to be completed on all class participants **with diabetes** prior to the class. This information should be used to appropriately tailor the class content. In addition, the Diabetes Self-Management Class Feedback Form should be completed by each participant at the end of each class. A **summary** of the results of the Feedback Form should be mailed to the address listed on the form. Contact the Diabetes Program for forms and further information at (502) 564-7996.

#### **Record-Keeping/Reporting Summary**

	<b>Billing Medicaid</b>	<b>Not Billing Medicaid</b>
<b>Chart (HIPAA, CH5B, CH3)</b>	X	X
<b>PEF</b>	X	
<b>Pre/Post Assessment</b>	X	X
<b>Class Roster</b>	X	X
<b>Reporting</b>	PSRS (via PEF)	Community Services Reporting System

\* Only health departments who are accredited to provide Diabetes Self Management Training by the American Diabetes Association (ADA) or the American Association of Diabetes Educators (AADE) are able to bill Medicare for DSMT. If a health department is a Recognized Provider of DSMT and plans to bill Medicare, the Medicare Guidelines for DSMT must be followed.

\*\* Diabetes Centers of Excellence (DCOE) staff will follow these guidelines unless specified differently within DCOE protocol.

**Reference:** American Diabetes Association's National Standards for Diabetes Self-Management Education

# EPSDT Outreach

## Laws, Regulations and Guidelines

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Outreach program was established by contract between the Kentucky Department for Medicaid Services (DMS) and the Kentucky Department for Public Health (DPH) to implement the following requirement of the Social Security Act, 42 USC Section 705(a)(5)(F)(iv): to provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance under subparagraph (A) or (B) of section 1396a(l)(1) and, once identified, to assist them in applying for such assistance. The DMS contract with DPH requires the state to **verbally notify** families of Medicaid eligible children throughout the state of the value and necessity of EPSDT services, help families to obtain EPSDT services at health departments and community providers, provide follow-up to facilitate periodic screenings for eligible children, and enhance availability and accessibility of EPSDT services by expanding relationships with community providers and schools to inform families of the value and necessity of EPSDT services.

For the background information on requirements for EPSDT Outreach, refer to the following laws and regulations:

- *42 USC Section 705(a)(5)(F)(i) Application for block grant funds; coordination of Title V activities and the early and periodic screening, diagnostic, and treatment services*
- *42 USC Section 705(a)(5)(F)(ii) Application for block grant funds; state agency participation in carrying out coordination agreements;*
- *42 USC Section 705(a)(5)(F)(iv) Application for block grant funds; provide services to identify pregnant women and infants who are eligible for medical assistance;*
- *42 USC Section 701(a)(1)(C) Authorization of appropriations; purposes; definitions*
- *42 USC 1396d(a)(4)(B) Medical Assistance; early and periodic screening, diagnosis, and treatment services*
- *42 USC 1396d(r)(1)-(3)(B) Definition; early and periodic screening, diagnosis, and treatment services*
- *907 KAR 1:034 Early and periodic screening, diagnosis, and treatment services and early periodic screening, diagnosis, and treatment special services; EPSDT Screening Services and EPSDT Special Services Policies and Procedures incorporated in 907 KAR 1:034*

## Target Population

Families and guardians of children from birth through the birth month of 21 years of age, who are newly eligible Medicaid recipients or Medicaid eligible and have not received but were due to have at least one EPSDT service in the prior 12 months.

## **Program Budget**

In FY 10, the DMS supported the DPH EPSDT Outreach program with 50% state general Medicaid funds and 50% federal Medicaid funds.

## **EPSDT Outreach Contract Requirements:**

### **Scope of Work**

1. Provide **verbal notification** services to newly eligible EPSDT recipients & all families who have not used EPSDT screening services as identified in the DPH eligibles reports.
2. Track EPSDT/Well Child services within the local health departments to assure children are provided EPSDT/Well Child services in compliance with the Well Child periodicity schedule. Refer to the Well Child/EPSDT Pediatric and Adolescent Preventive Health Guidelines in Volume I of the current Public Health Practice Reference.
3. Expand relationships with community providers in health department communities.
4. Expand working relationships with schools to inform families about services and assist to locate and access screening services.
5. Monitor outreach costs, activities, & impact on screening performance.
6. Assure such services are provided by qualified professionals.

### **Deliverables**

1. Provide **verbal notification** services to newly eligible recipients and families by using the list of eligibles identified in the DPH eligibles reports. For details of how to use the eligibles reports refer to the next page under the heading **EPSDT Outreach Verbal Notification Service Description**.
2. Increase county-specific Well Child/EPSDT screening ratios.
3. Provide EPSDT/Well Child services to eligible children in compliance with the Well Child periodicity schedule. Refer to the Well Child/EPSDT Pediatric and Adolescent Preventive Health Guidelines in Volume I of the current Public Health Practice Reference.
4. Expand provider relationships.
5. Expand school relationships.
6. Monitor LHD activities, employee hours and expenditures.
7. Assure qualified health care professionals for Well Child/EPSDT service and paraprofessionals for EPSDT Outreach.

## Reporting

1. Monthly health department revenue and expenditure reports and community health services reporting.
2. Effectiveness established by increase in screenings per county based on county specific participation report.
3. Annual Centers for Medicare and Medicaid Services (CMS) 416 Participation Report.

## Outcomes

1. Newly eligible recipients/families are **verbally** provided information on the value and necessity of EPSDT screening.
2. The ratio of eligible children who receive at least one EPSDT service annually is increased.
3. Availability & accessibility of EPSDT screening services is enhanced.
4. Eligible children are provided EPSDT services in compliance with the Well Child periodicity schedule. Refer to the Well Child/EPSDT Pediatric and Adolescent Preventive Health Guidelines in Volume I of the current Public Health Practice Reference.
5. Expand working relationships/partnerships with schools to inform families about EPSDT services and assist families to locate and access screening services.

## EPSDT Community Health Services Outreach Roles and Responsibilities:

Each health department will assign one EPSDT Outreach Coordinator to oversee activities, including identifying and tracking children eligible for services, delegating verbal notification responsibilities, and documenting and reporting activities. CDP's Newly and Total Eligible reports, lists of children eligible for Medicaid reimbursable EPSDT screenings, are used to identify children in need of periodic screenings and to provide **verbal notification** to parents/guardians reinforcing the importance of preventive care and/or follow-up treatment, make or assist families with scheduling appointments and, if necessary, provide information about transportation or translation services for screening appointments.

## EPSDT Outreach Verbal Notification Service Description

### Using the New and Total EPSDT Eligible Reports:

1. Review patient name, date of birth, and last date of EPSDT service.
2. Review the periodicity schedule for Well Child Exams.
3. Is the child new to the Medicaid program, listed on the New Eligible report?

If the answer is yes, proceed to step 4 below. If the answer is no, proceed to step 5 below.

4. If the child is new to the Medicaid Program, proceed with the following steps:
  - a. Make a phone call to the family and tell them about the value, necessity, and availability of EPSDT services. Use WIC e-reports to verify contact information, including current phone number and address. Your conversation should be family friendly. Refer to the Public Health Core Functions and Community Planning Section in the Administrative Reference, Appendix I: EPSDT Talking Points, for information to use in your conversations with families.
  - b. Proceed to step 5b below.
5. If the child is not new to the Medicaid Program, is the child within the periodicity schedule for EPSDT service?

If the answer is no, the child is out of compliance with the periodicity schedule for EPSDT service. Proceed with the following steps:

  - a. Make a phone call to the family and tell them your records indicate their child is past due for a well child exam, etc. If more than one child is in the same family, place one call to the family to save time. Your conversation should be family friendly. Refer to the Public Health Core Functions and Community Planning Section in the Administrative Reference, Appendix I: EPSDT Talking Points, for information to use in your conversations with families. Tell them the value of EPSDT services and assist them with scheduling an appointment for a Well Child Exam for their child, either at the health department or doctor's office. If needed, provide the family with information about translation services and transportation to the appointment. If the family member cannot make an appointment at the time, provide a staff person/agency's name and phone number to contact for questions or to schedule an appointment.
  - b. Document all attempted phone calls, the dates they were made, results of the call and any necessary follow-up. This can be documented on the report itself or other tracking tool that your county has chosen to use.
6. Responding to family contact:
  - a. If the family returns your phone call, tell them the value of EPSDT services, assist them with scheduling an appointment for a Well Child Exam for their child, either at the health department or doctor's office. Your conversation should be family friendly. Refer to the Public Health Core Functions and Community Planning Section in the Administrative Reference, Appendix I: EPSDT Talking Points, for information to use in your conversations with families. If needed, provide the family with information about translation services and transportation to the appointment.
  - b. Document all attempted phone calls, the dates they were made, results of the call and any necessary follow-up. This can be documented on the report itself or other tracking tool that your county has chosen to use.
  - c. Was an appointment made for a Well Child Exam? If so, document the appointment date and time on the report or other tracking tool.

- d. Verify whether the Well Child appointment was kept and document this on the report or other tracking tool.
  - e. If the Well Child appointment was kept, then EPSDT outreach is complete for this child.
  - f. If the Well Child appointment was not kept, proceed to step 7a below.
7. If the family cannot be reached by phone or does not return your phone calls after three attempts, proceed with the following steps:
- a. Send the family a letter on your local health department letterhead, which states that your records indicate their child is past due for a well child exam, etc. The letter should be family friendly and have a staff person's name and phone number to contact for questions or to schedule an appointment. If more than one child is in the same family, mail each child's letter in the same envelope, along with one EPSDT Flyer. This will save on postage.
  - b. Document that a letter was sent and the date that it was sent. This can be documented on the report itself or other tracking tool that your county has chosen to use.
8. Making a home visit:
- a. If after sending the family the letter, you DO NOT hear from them after two weeks, and they have not scheduled a Well Child Exam appointment for their child (you will need to check with your health department to see if the family made an appointment, and if they kept the appointment), then make at least one attempt to visit the family at home to provide information regarding EPSDT services. DPH encourages up to three (3) home visit attempts. No more than two (2) attempts should occur within the same week. If the family is not at home, the health department will leave a business card or flyer asking the member to call. If the member is at home, encourage and assist the family to schedule a Well Child Exam appointment for their child, either at the health department or doctor's office. Refer to the Public Health Core Functions and Community Planning Section in the Administrative Reference, Appendix I: EPSDT Talking Points, for information to use in your conversations with families. If needed, provide the family with information about translation services and transportation to the appointment. If the family advises you that they have scheduled the child for a Well Child Exam at the doctor's office, document the doctor's appointment.
  - b. Document all attempted and successful home visits along with dates of the contacts on the report itself or other tracking tool.

### **Clinical Outreach Procedures/Case Management:**

The goal is to provide outreach and education to all eligible EPSDT recipients by explaining the availability of EPSDT services to clients receiving services in other programs in the health department (i.e. WIC, Immunizations, Family Planning, etc). Refer to the Public Health Core Functions and Community Planning Section in the Administrative Reference, Appendix I: EPSDT Talking Points, for information to use in your conversations with families.



The recommended clinical EPSDT outreach guidelines are as follows:

1. At the time of registration, staff will place a tracking form (i.e. CH48 or locally designed form) on the client's record.
2. Review the EPSDT outreach educational sheet with the client.
3. Complete the tracking form and send to data entry.
4. Staff members are to report and code cost center 883, function code 125 for all outreach. Staff members are to report and code cost center 883, function code 129 for data entry.

**Documentation, Reporting and Coding Requirements:**

1. Keep and maintain all EPSDT outreach information that is documented on EPSDT reports and/or other tracking tools. The reports need to be kept until they are worked. It is recommended to keep the reports a minimum of 3 months (1 Quarter). After completing the report and the recommended time frame has elapsed, the report can be shredded or burned.
2. Complete Community Health Service Report, CH-48 or, for the convenience of clinic staff, CH48EO, for each day you complete EPSDT Outreach as follows:
  - a. "Place/Type of Service" code for EPSDT depends on **who** or **where** you are outreaching. Review the codes on the back of the Community Health Service Report. EPSDT outreach and KCHIP enrollment activities can only be coded to 14 through 18. For EPSDT staff working the Newly and Total EPSDT Eligibles Reports, you will primarily code "17" or "18".
  - b. "Activity Code" depends on **what** you are doing. Review the codes on the back of the Community Health Service Report. EPSDT staff working the Newly and Total EPSDT Eligibles Reports will primarily code 10 through 14.
  - c. "Cost Center" on Community Health Service Reports is always coded to 883.
  - d. "2010 Object/MCH Performance Measures" on Community Health Service Reports is always coded 120EO.
  - e. Completed Community Health Service Reports are to be submitted to your data entry staff or designated staff at your health department.
  - f. Time Sheet Coding: EPSDT Outreach activities are reported and coded on your Time Sheet to cost center 883, function code 125. Data Entry for EPSDT Outreach is reported and coded on your Time Sheet to cost center 883, function code 129.
  - g. To comply with requirements of the DMS contract, a process must be developed to ensure that time coded to Cost Center 883 must match or closely reflect the activities reported on the CH-48.



## Community Planning

The goal is to provide outreach and education to families in the EPSDT eligible community by collaborating with area resources such as:

1. Collaborate and educate within your health department programs on EPSDT Outreach activities, coding and data entry.
2. Collaborate/partner with agencies within your community to distribute EPSDT information and materials in your community, display posters and make flyers available in public locations, and provide EPSDT information, resources and KCHIP enrollment information to their clients.
3. Collaboration efforts should include but are not limited to the following:
  - a. School Systems: Family Resource and Youth Service Centers, nurses, guidance office and administrative staff, Day Care providers.
  - b. Community Agencies: coalitions, civic organizations, hospitals, home health agencies, MD providers (vision, dental and medical), Department for Community Based Services, Chamber of Commerce, local newspapers, churches, and websites (newspaper or TV).
4. The DPH contractual obligation is to conduct **verbal notification**. Outreach activities such as health fairs, including but not limited to mass mailings, mass media, promotional materials and incentives, are not evidenced based practices for improving EPSDT Outreach outcomes for eligible children and are not authorized for expenditures from EPSDT Outreach funds. If you have questions about use of EPSDT funds, contact the DPH EPSDT Coordinator.

## Quality Assurance and Improvement Activities

Technical assistance and training is provided as requested and needed by health departments to review EPSDT Outreach best practices, budgets and plans, and goals to promote statewide and county EPSDT Outreach performance improvement:

1. Annual state and county participant ratios reported to the DMS, Passport Health Plan and the CMS.
2. Quarterly review of the number of EPSDT community health services activities and participants reported in the community health services system.
3. Quarterly review of EPSDT employee hours reported.
4. Quarterly review of health department EPSDT expenditures reported in monthly revenue and expenditure reports.

**Summary:**

1. Follow HIPAA Guidelines when making phone calls, home visits, sending letters or making Well Child appointments. Your conversation should be family friendly. Refer to the Public Health Core Functions and Community Planning Section in the Administrative Reference, Appendix I: EPSDT Talking Points, for information to use in your conversations with families.
2. All outreach material should be suitable for a 6<sup>th</sup> grade reading level and consider LEP.
3. EPSDT outreach is not complete until the child is in compliance with the periodicity schedule for Well Child Exams.
4. Although these are recommended guidelines for EPSDT Outreach best practice, each health department should work with the DPH EPSDT Outreach program to adapt a process that improves EPSDT screening outcomes in the counties served by the health department.

# Family Planning Program (Title X)

## Laws, Regulations, Guidelines

The Kentucky Family Planning/Title X Program is authorized by the [Public Health Service Act](#) through the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The act was created “to promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes. The Family Planning Services and Population Research Act of 1970 established the Office of Population Affairs, within the Department of Health and Human Services, to manage family planning services and population research. The Title X Family Planning program is administered within the Office of Public Health and Science, Office of Population Affairs (OPA) by the Office of Family Planning (OFP).

The federal regulation, [42 CFR, Part 59, Subpart A](#), Grants For Family Planning Services, are the requirements in the provision of voluntary family planning services funded under Title X and to implement the statute as authorized under Section 1001 of the Public Health Service Act. Section 1001 of the Act (as amended) authorizes grants “to assist in the establishment and operation of voluntary family planning projects, which offer a broad range of acceptable and effective family planning methods, including natural family planning methods and services, including infertility services, and services to adolescents.” The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.

The following legislative mandates have been part of the Title X appropriations language for each of the last several years. Title X family planning services projects should include administrative, clinical, counseling, and referral services necessary to ensure adherence to these requirements.

- None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
- Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 205 of Public Law 94-63 states: “Any (1) officer or employee of the United States, (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or (3) person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.”

Federal Regulations for Title X may be found at <http://www.hhs.gov/opa/about/legislation/index.html>.

Kentucky regulation regarding family planning services is [902 KAR 4:050](#), and relates to [KRS 211.090](#) and [KRS 211.180](#).

## Target Population

- Priority for services will be to persons from low-income families or whose total annual family income does not exceed 100 percent of the most recent federal Income Poverty Guidelines.
- Kentucky family planning clinics serve females, males and teens.

## Funding

The Department for Public Health, as the sole Kentucky Title X grantee, allocates awarded federal Title X funds to local health departments through Memorandum of Agreements, university and private family planning clinics through contracts, and the state office retains a small amount of the Title X award for administration costs.

Additional sources of funding include:

- Discretionary state funds allocated to LHD
- Title V federal restricted funds
- Reimbursement from third party insurers, including public and private
- Local tax funds
- Fee collection, donations

## Special Requirements

- Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning.
- Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other service.
- Provide services in a manner which protects the dignity of the individual.
- Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
- Not provide abortions as a method of family planning.
- Ensure a broad range of all [Food and Drug Administration](#) (FDA) approved methods of contraception *to some extent* shall be available directly or through referral.
- Only FDA approved drugs and devices may be provided.
- No funds may be used to purchase experimental or ineffective drugs.
- Sterilizations provided with federal funds shall meet all requirements as identified in Chapter 1, Public Health Services 43FR52165 Subpart B, 50.209. A copy of the fully completed federally required consent form for sterilization shall be filed in the individual's medical record with the operative report.

## Personnel Requirements

- Family Planning services shall be provided under the general direction of a licensed physician with training and experience in reproductive health management, and one who is familiar with family planning services and Title X guidelines.
- A physician, advanced registered nurse practitioner, certified nurse midwife, or physician assistant having both training and experience in reproductive health management, and familiarity with Title X guidelines shall provide medical services.
- Health professional staff with experience or continuing education in reproductive health, including contraceptive management, may provide education and counseling.
- Local health center family planning coordinators shall be health care clinical professionals, at the registered nurse or higher level.

## Expanded Role RN Requirements

- Registered Nurses seeking certification in Expanded Role Family Planning must first complete as a prerequisite the Department for Public Health's: a.) Breast and Cervical Cancer Program Assessment, b.) the corresponding preceptorship, c.) the Adult Preventive Assessment Trainings, and d.) the corresponding preceptorship.
- Registered Nurses who have completed the Family Planning Expanded Role Registered Nurse Training and required preceptorship may provide Expanded Role Family Planning services to clients for routine annual visits. Expanded Role Registered Nurses (ERRN) can perform the following gynecological cancer detection procedures independently: bimanual pelvic exam, pap smear, clinical breast exam (CBE). They may also provide family planning counseling and documentation. Expanded Role RNs must be proficient in federal Title X regulations.
- Family Planning clients identified as needing mid-clinician or higher level reproductive healthcare services such as specific gynecological problems, change in current contraceptive method, or history of an abnormal pap smear, must be referred to the MD/ARNP.
- Each local health department shall establish and maintain medication guidelines (i.e. standing orders) for Expanded Role RNs to follow. These guidelines shall be written and developed in accordance to the Public Health Practice Reference (PHPR) "Protocols" (PHPR, Protocols Section).

## Training Requirements

- Orientation for all new hires (providers and support staff) active in the family planning services shall include the following:
  - View the video "Inspiring Staff about Family Planning" (TRAIN #1015638)
  - Complete the Office of Population's on line training "Title X Orientation" at [http://centerforhealthtraining.org/calendar/online Trainings/ot\\_txor.html](http://centerforhealthtraining.org/calendar/online Trainings/ot_txor.html). This training module includes sections for support staff, nurses, clinical providers, supervisors and administrators. A certificate of completion is available to print for documentation of completion.
- All health care professionals (MDs, ARNPs, RNs, and LPNs) who deliver family planning services shall acquire 6.0 hours of training or CEUs each fiscal year from approved family planning related training.

- Support staff active in family planning services shall acquire one training in a family planning related topic each fiscal year.
- These updates/CEUs shall be obtained from the annual Family Planning Training Calendar, which lists all approved family planning trainings and disseminated each fiscal year from the Family Planning Program Director.
- Documentation of required family planning trainings shall be maintained by the local health department in the staff member's personnel file.

## **Reporting Requirements**

- The federal "Public Health Services Sterilization Record," PHS 6044, shall be submitted quarterly to the state office. The quarterly sterilization record submitted to the state program staff shall be sufficient to verify compliance with federal regulations, as noted by the [Office of Population Affairs](#) Federal Guidelines of January 2001.
- Reporting of client information is collected through the Patient Services Reporting System (PSRS). The system supports 1) appointment scheduling; 2) assessment of income and appropriate billing of patients and third party payors; and 3) patient encounters.

## **Billing and Collection Procedures**

- Title X clients will be billed according to a sliding fee scale, based on the latest federal Uniform Percentage Guideline Scale in the AR Volume II, PSRS. This schedule reflects discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty.
  - 1) Ensure that inability to pay is not a barrier to services;
  - 2) Be based on a cost analysis of services, and bills showing total charges shall be given directly to the patient or another payment source;
  - 3) Ensure that patients at or below 100% of poverty are not billed, although obligated third party payors shall be billed total charges;
  - 4) Ensure that discounts for minors obtaining confidential services are based on the income of the minor;
  - 5) Maintain reasonable efforts to collect charges without jeopardizing patient confidentiality;
  - 6) Allow voluntary donations;
  - 7) Ensure that patient income is re-evaluated at least annually; and
  - 8) Maintain a method for "aging" outstanding accounts.

## Other Special Requirements

- Federal Regulation ([42 CFR Part 59](#)) requires that Family Planning services be provided without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies or marital status. This same regulation requires the following in regards to confidentiality:

### § 59.11 Confidentiality

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

- [KRS 214.185](#) states that a minor as a patient with the consent of such minor may seek and be provided Family Planning services without the consent of or notification to the parent, parents, or guardians of such minor patient; or to any other person having custody of such minor patient.
- Services determined to be necessary, but which are beyond the scope of the family planning clinic services, must be recommended for follow up care from appropriate healthcare providers. Family planning clinics must maintain a current list of health care providers, local health and human services departments, hospitals, voluntary agencies, and health services projects supported by other Federal programs available in the community.

## Advisory Committee Requirements

- An Information and Education Advisory Committee (I & E Committee) of five (5) to nine (9) members who are broadly representative of each community (county or district) shall review and approve all informational and educational materials developed or made available prior to their distribution at the local level to assure that materials are suitable for the population and community. The state DPH office prior to distribution shall approve locally developed materials. A written record of these considerations shall be kept on file.
- The I & E Committee, which shall meet at least once during each fiscal year, may be designated solely for the purpose of reviewing I & E materials, designated to review materials and to ensure community participation in the development, implementation and evaluation of Family Planning services. The agency shall ensure community participation and review of I & E materials.
- An opportunity should be provided for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by persons in the community knowledgeable about the community's needs for Family Planning services.

# Genetics Program

## Laws, Regulations, Guidelines

Genetic services are made available in Kentucky through a contractual agreement with the two tertiary care centers to provide center-based and outreach genetics clinics held in various local health departments throughout the state. This program assures that Kentucky's population has access to diagnostic and genetic counseling services.

1. Genetic services include, but are not limited to genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities.
2. Medical conditions and secondary disabilities can be reduced through accurate diagnosis, early treatment and intervention.
3. Kentucky is participating in the Region 4 Genetics Collaborative, a regional approach to improve the health of children and families with heritable disorders in Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio and Wisconsin.
4. The three clusters of this grant include newborn screening by tandem mass spectrometry, clinical diagnosis and management, and public health infrastructure.
5. Our goal is to improve access to genetic services including the underserved population by evaluating the distribution of genetics clinics throughout Kentucky and changing the locations of outreach clinics to address identified needs.
6. Our goal is to increase the knowledge of primary care providers and the general public about genetic services by providing a website about genetic services in Kentucky including genetic providers in Kentucky and local resources. The website link is <http://region4genetics.org/>



# **Health Access Nurturing Development Services (HANDS) Program**

## **Laws, Regulations, Guidelines**

902 KAR 4:120 Health Access Nurturing Development Services (HANDS) Program

RELATES TO: KRS 194A.030(4), 211.690

STATUTORY AUTHORITY: KRS 194A.050(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.690 authorizes the Cabinet for Health Services to implement a voluntary statewide home visitation program for the purpose of providing assistance to at-risk parents during the prenatal period until the child's third birthday. This administrative regulation establishes the eligibility criteria, services, provider qualifications, and hearing rights for participants of the Health Access Nurturing Development Services (HANDS) Program.

907 KAR 3:140 Coverage and payments for the Health Access Nurturing Development Services

The HANDS program also has a handbook with recommended best practice and policies.

## **Target Population**

HANDS services consist of the following services: a screening, using a standardized screening tool, is used to determine eligibility of an applicant in a face-to-face interview. If an individual's screening indicates eligibility for additional HANDS services, the individual shall be referred for a comprehensive needs assessment conducted by a social worker or a registered nurse employed directly or contracted by the local health department. This assessment will include information regarding the parent's childhood experience; lifestyle behaviors and mental health; experience and expectations for parenting; coping skills; support system; stress and anger management skills; expectations for the infant's developmental milestones and behaviors; plans for the child's discipline; perception of the new infant; and bonding and attachment to the infant. If the assessment results in a determination that the individual meets the criteria, home visitation services shall be provided. The frequency of services shall be provided in accordance with the level of need of the parent or family, and shall lessen as the family meets goals agreed to by the provider and the participant.

In order to receive HANDS services an individual shall be: a pregnant woman who has not reached her 20<sup>th</sup> birthday; a pregnant woman who is at least 20 years old, will be a first-time parent and a risk is deemed likely for the pregnancy or the infant; a firstborn up to 12 weeks of age whose family is determined to be at risk; or a first-time father or guardian of the aforementioned infant.

## Funding

The KIDS Now Authority designates state funding through the Tobacco Settlement dollars to the HANDS program. Amounts vary each year but average around \$7.5 million dollars. The HANDS program is fee for service and does bill Medicaid. These funds serve as a match to Federal Medicaid dollars and also provide the necessary funding for local health departments to provide services to non-Medicaid participants. Federal dollars match the state dollars 2:1. The state monies are allocated to the local health departments based on their HANDS program performance.

## Special Requirements

**Staff/Provider Requirements** The assessment or professional home visits shall be conducted by a social worker, a registered nurse, or a graduate of a four-year program in a social or behavioral science or a related field with one year experience performing case management services. A master's degree in a human services field may be substituted for the one year experience. This employee may conduct any HANDS services. A Family Support Worker, who conducts regularly-scheduled home visits, shall be high school graduate or holder of a GED who is at least 18 years of age and has received specialized training in HANDS practices and curriculum and is supervised by a public health nurse or licensed social worker.

**Training** Training for all staff engaging in home visitation is required. Completion of Core and Growing Great Kids (GGK) Curriculum trainings are the beginning of the learning process. Core training provides the philosophical foundation and the how-to strategies and opportunities for practice in areas pertinent to implementation/delivery of HANDS services. GGK is the curriculum training which focuses basic care, social and emotional development, cues and communications, physical and brain development and how to stimulate development through play. In order to maintain program effectiveness, staff must maintain and expand upon existing skills. Opportunities to continue growth and development of skills occur through supervision, wraparound and advanced training components.

## Reporting Requirements

All HANDS sites, with the exception of Every Child Succeeds in Northern Kentucky, are required to enter all client participation information into the HANDS 2.0 web application. The HANDS web application adheres to specific business rules of the HANDS *Program*, and is designed to offer an intuitive, user-friendly and convenient web-system for HANDS sites to use. All Health Access Nurturing Development Services (HANDS) participant information is to be submitted to Department for Public Health central office within 5 days of the end of each month.

## Billing and collection procedures shall:

**-At the determination of Medicaid eligibility, sites will bill Medicaid directly through the Supplemental Reporting System.**

**A. Bill to mother until birth of the baby**

**B. Bill to infant the day of and after birth**

**-If ineligible for Medicaid, state funding (tobacco) picks up the cost**

**-Only one billable service per day may be billed per family.**

**The fee for service program reimburses local health departments on a monthly basis.**

**Billing and Coding Procedures Specific to Program** – HANDS is not based on income. It does require billing to the proper payor source.

**Other Special Requirements** – Participants must be a first time parent and families must qualify for the service and be identified as “at-risk” through a screening or formal assessment (referred to as the Parent Survey).

**Program Specific Offerings-** N/A

**Program Specific Requirements-** All sites must use the Growing Great Kids Curriculum, provide RN/SW quarterly visits, screen for developmental delays, utilized the Helping HANDS for homes preventive health curriculum, screen for perinatal depression, complete home safety checklist, complete child and family rating scales, work with families toward child and family goals, make referrals to appropriate agencies and meet all documentation policies.

**Special Equipment Requirements-** Internet access for reporting in HANDS Websystem

### **Service Description & Key Roles & Responsibilities Of Health Department**

**All first time parents will be screened** as early in pregnancy as feasible or until the infant is three months old (12 weeks), using a Universal Screening Tool for indicated “stress factors” with the following procedure:

- A. Screens can be completed by anyone who is appropriately trained.
- B. Screens are usually completed on the mother, but can be completed on the father only when the mother is no longer in the family dynamic. In the case of the father, screening questions must be answered from the Dad’s perspective, except those regarding the pregnancy.
- C. The Screener must get the Referral Record Screen Consent form completed and signed by the parent or legal guardian **before** the screen can be completed. (ACH 300) ***NOTE 1:** When the child is in temporary custody, the screen must be done with the birth parents. although services can be delivered with the temporary custodian as per guidelines provided in Section 6: Family Support Worker Process. **NOTE 2:** Reviewing a referral or birth certificate does not constitute a screen unless a consent to screen is signed by the parent. (See Data Guide regarding entry of screen into data system)*
- D. The Screener must complete the Referral Record Screen for Primary Risk Factors and determine the score by:
  - 1. Each of the sixteen (16) items will be answered True, False or Unknown.
  - 2. The screen is Positive if items 1, 9 or 12 are True.
  - 3. The screen is Positive if any two (2) numbers are True.

4. The screen is Positive if there are seven (7) or more unknowns.
- E. All completed screens, both negative and positive:
  1. Will be kept on file at the screening site
  2. Will be sent to the local HANDS program within five (5) working days of screen to be entered in the HANDS software.
- F. All negative screens will be offered community resources that support newborns, infants and/or toddlers.
- G. All negative screens on Teens will be offered Monthly Home Visiting from the local HANDS program until the infant is one (1) year of age.
- H. All refused screens:
  1. Will be compiled together in a separate file, in a locked cabinet with the HANDS charts.
  2. Should not be filed in the medical chart.
  3. Will not be entered in the HANDS web-based system.
  4. Will be counted on an annual basis, with this number being provided to the TA at the annual site visit.
- I. Completed positive screens must be filed in the mother's chart.
- J. All negative screens must be filed in a secure location for five (5) years.

**Parent Surveys shall be offered:**

- A. To families with a positive screen, not to exceed 16 weeks of age for the infant.
- B. By a professional Parent Visitor who shall:
  1. Contact the family, within seven (7) working days, not to exceed thirty (30) calendar days, of receiving the screen to set up the Parent Survey appointment.
  2. Make a minimum of three (3) attempts to schedule the Parent Survey.
  3. Gather information from the family through a face-to-face contact:
    - a. With home visit being a minimum of 30 minutes.
    - b. Completing documentation on:
      1. The Family Status Form (ACH 304) and
      2. **ALL** items on the Parent Survey Score Sheet (ACH 303) and
      3. The Intake Summary (ACH 302)
    - c. With the baby present if occurring postnatally.
    - d. The Parent Survey can be completed on both parents separately, but can only bill for one Parent Visit.
    - e. The Parent Visitor can use the information given by the parents, or other information documented (i. e. in their LHD medical record) to complete the Parent Survey. Must note where this information was obtained.
    - f. If only one parent is present for Parent Survey, information about absent parent is to be gathered from parent participating in survey.

- g. If baby is in Neonatal Intensive Care Unit (NICU), the survey can be done with the parent; but cannot be billed because the baby is not present.
- 4. Provide a referral packet to all families participating in the Parent Survey process.
- 5. Score the Parent Survey and:
  - a. Write the Parent Survey Summary within 24 -48 hours of intake.
  - b. If **positive** (a score where either or both parents score 25 or above; does not have to be the first time parent):
    - 1. All families will be offered information and referral to appropriate community resources and intensive home visitation services based on availability within caseloads.
    - 2. If intake is closed (no FSW Services available), the Parent Visitor will make appropriate referrals to other community resources. Should services become available within the twelve (12) weeks, services should be offered to these families. (Also see V-E, page 5 of 6 – next page)
  - c. If **negative** (a score where both parents score below 25):
    - 1. All adult parents will be provided information on community agencies and referrals are made for services as needed.
    - 2. All teen parents will be referred for monthly home visitation to occur until the infant is one (1) year of age. Teens who initially screened negative can be surveyed at any time before the infant reaches twelve (12) weeks of age and offered high intensity home visitation services if survey is positive.
  - d. In the event that Home Visiting is not offered or refused:
    - 1. The Parent Visitor will make referrals to appropriate agencies based on concerns learned during the Parent Survey Process;
    - 2. Provide the family with a resource packet;
    - 3. If family refused home visitation and the child is not born at time of Parent Survey, the family will be asked if HANDS can contact them once the baby is born to see if they would be interested in home visiting services at that time or family can contact HANDS if they reconsider.
- 6. Attend monthly team meetings.

**Participation in Home Visiting Services is voluntary.**

- A. Families may receive home visiting services until a child is:
  - 1. One (1) year of age for low intensity services (Teen Only).
  - 2. Two (2) years of age for high intensity services (Adults and Teens).
  - 3. Upon Completion of family goals (Level 4).
  - 4. Three (3) years of age, if the family remains on Level-1 when the child reaches two (2) years of age.
- B. Upon acceptance of Home Visiting Services families will:
  - 1. Complete the Consent for Services and
  - 2. Complete the Authorization to Release Information Form (ACH 301) for:
    - a. Parent prenatal and
    - b. Baby postnatal.

3. Be assigned a Family Support Worker:
  - a. By a locally designated staff person, within 48 hours after a positive Parent Survey.
  - b. Based upon:
    1. Caseload weight / caseload availability
    2. Matching needs of families to the level of experience and skills of the FSWs
    3. Cultural diversity issues (example: a Spanish speaking FSW will be more equipped to work with a family who predominantly speaks Spanish in the home)
    4. Geographic location of the families (especially for sites serving several counties).
  - c. Who will make contact with the family within 48 hours after completion of the Parent Survey to schedule first home visit:
    1. Which shall be completed within seven (7) workdays of a positive Parent Survey.
    2. Which shall be documented by the Family Support Worker:
      - a. On the Home Visit Log (ACH 312) within one (1) work day after visit is completed, and
      - b. On the Supplemental form within one (1) work day after visit is completed.
      - c. On the Contact Log (ACH 307) if making a phone call or other contact (i.e. letters, cards, notes, etc.) with the family.
      - d. Include completion of the Birth section of the Family Status form (ACH 304) on the target child; **remember to update FSW / Social Security number / Medicaid number at 6 months for HANDS outcome information.**
  - d. Who will schedule on-going home visits with the family:
    1. As per the family's assigned Level (detailed below).
    2. To be documented:
      - a. Following the same guidelines outlined for the first home visit (I B: 3c;2a-c), and
      - b. Completing the required updates to the Family Status (ACH 304) at 6 Months, 12 Months, and upon exit from HANDS
  - e. Who will attend monthly team meetings.

**Families accepting services will be offered home visits:**

- A. Using the required Growing Great Kids (GGK) and Growing Great Families (GGF) curriculums.
- B. With intensity being determined by the Supervisor and Family Support Worker, based on the criteria outlined in the Parents Level of Services Guidelines (Levels 0-4) (ACH 306). Families assigned to:

HANDS depends on supervision for its success. Supervision provides the foundation upon which successful strategies are built to engage families and keep them interested in HANDS. The supervisor and the PV/FSW can develop successful strategies for completing visits and discuss issues concerning families the worker is having difficulty engaging.

**Minimum Patient Responsibility** –HANDS is a voluntary service the only participation requirement is that 75% of all services occur in the home.

**Services (Arranged and Paid) Include:** HANDS is a fee for services program that is contracted with the local health departments and three private agencies (Every Child Succeeds, Lexington Family Care Center and Children and Family's FIRST in Louisville).

# **Child Care Health Consultation for a Healthy Start in Child Care**

## **Laws, Regulations, Guidelines**

902 KAR 4:130. Healthy Start in Childcare Program.

RELATES TO: KRS 199.892-199.896

STATUTORY AUTHORITY: KRS 194A.050, 211.180

NECESSITY, FUNCTION, AND CONFORMITY: KRS 199.8945 authorizes the Cabinet for Health Services to implement a Healthy Start in Childcare Program for the purpose of improving the quality of care specific to health, safety and nutrition of children in childcare. This administrative regulation establishes the services provided by the Healthy Start in Childcare Program and the requirements for organizations and individuals that provide these services.

Implemented in July 2000, Healthy Start in Child Care is a Kids NOW Initiative to provide consultation on health, safety and nutrition to child care providers. Trained Healthy Start Child Care Consultants from the local health departments participate in joint activities with the resource and referral agencies in their area to ensure collaboration and coordination regarding health, safety and nutrition issues impacting the quality of child care. The population to be impacted by Healthy Start in Child Care includes the children and their families receiving out-of-home childcare. During the first five years, children of full-time working parents may spend more time in out-of-home childcare facilities than the total hours spent in school from kindergarten to high school. This makes it critical to utilize this window of opportunity to provide accurate health, safety and nutrition information to parents and child care providers.

## **Target Population**

Children in out of home care including licensed child care centers and certified family care homes.

## **Funding**

The Department for Public Health provides allocations to local health departments awarded funding through RFA process.

## **Special Requirements**

### ***Staff/Provider Requirements***

- A Bachelor of Arts or Bachelor of Science degree from an accredited college or university
- Registered Nurse or



- A public health administrator

### ***Training***

- Healthy Start in Childcare Consultants are required to complete an intensive training based on the standardized curriculum of the National Institute for Childcare Health Consultants.
- “Fundamentals of Effective Training” Seminar (15 hrs) which leads to a Kentucky Early Childhood Trainer’s Credential
- Required to attend the 1 day orientation course for Early Childhood Trainers as prerequisite for the Trainer’s Credential

### **Reporting Requirements**

Consultants shall complete monthly reporting forms including Gentrac web-based data entry and designated DPH reporting forms for program pilots such as asthma, obesity prevention, etc.

### **Service Description & Key Roles & Responsibilities Of Health Department**

To provide 1.0 FTE Consultant providing CHCC Program responsibilities below:

1. Provide consultation to licensed child care centers and certified family homes on health, safety, nutrition, and social/emotional issues.
2. Collaborate with CCHC Technical Assistance Center (and DPH Central Office staff) who will act as a triage point/referral source and may call upon a Consultant to assist follow-up phone consultation or limited on-site consultation.
3. Travel beyond county or district as necessary to assist in the consultation and training of licensed child care center or certified family homes in need of on-site consultation per the direction from LFHD Technical Assistants/Trainers, Central Office Staff, or through collaboration with other statewide Consultants
4. Collaborate with local Child Care Resource and Referral agencies to develop or enhance existing relationship to provide consultation and training to licensed child care centers and certified family homes.
5. Have Early Care and Education Trainer’s Credential from the Division of Child Care and provide trainings and technical assistance to child care providers and other community partners as appropriate.
6. Provide consultation to child care providers asking for assistance with social emotional issues. [Training and resources to be provided by the state CCHC Technical Assistance Center].
7. Demonstrate knowledge of appropriate local referral agencies or other sources that could assist the child care provider or individual family’s needs with social and emotional issues. Make a follow up contact with both provider and referral source.

8. Coordinate or participate in area meetings (face to face, teleconference, list serves, etc.) with surrounding early childhood professionals (CCR&R, CECC, ECMH Specialist, IMPACT RIAC, LIAC, etc) to collaborate training efforts within the CCHC Program, as well as with other child serving agencies.
9. Assist with consultation and training in providing support for early care and education centers working toward a STARS rating or improving a STARS rating.
10. Assist with consultation and referrals from the Office of Inspector General or Division of Regulated Child Care of centers and homes with deficiencies in health and safety.
11. Attend quarterly trainings (at least 2 face to face) and mandatory training per Central Office staff.
12. Complete web-based data reports and adhere to requirements for data entry by Central Office staff as revisions are made to improve the measurable outcomes for this program.

**Services (Arranged and Paid) Include:**

Awarded LHD receive funding based on RFA to provide statewide services for the program. Lexington Fayette County Health Department receives allocation to provide 2.0 FTE Technical Assistance/Trainers, 1.0 FTE Consultant and statewide program Helpline. Administrative duties provided under Eastern Kentucky University contract. Evaluation of program to be completed through university contract.

## Adult Viral Hepatitis Prevention Coordinator Program

The Adult Viral Hepatitis Prevention Coordinator (AVHPC) Program provides the technical expertise necessary for the management and coordination of activities directed toward prevention of viral hepatitis infections and integration of viral hepatitis prevention services into healthcare settings and public health programs (e.g., STD, HIV, immunization, correctional health, substance abuse treatment, syringe exchange) that serve adults at risk for viral hepatitis.

**Laws, Regulations, Guidelines-** Since July 2006, Kentucky Revised Statute 214.187 has directed that the “Department for Public Health shall develop a statewide education, awareness, and information program on hepatitis C.”

**Target Population-** Serves all populations but especially those who have or who are at risk for: Sexually Transmitted Diseases (STD), Men who have sex with men (MSM), HIV/AIDS, and injection drug users (IDU). Settings include all health care facilities, corrections, Hemodialysis clinics, and long-term care facilities.

**Funding-** Funded by the Centers for Disease Control and Prevention (CDC-FOA PS08-80103CONT09). Adult Viral Hepatitis Prevention Coordinator is employed in the Cabinet for Health and Family Services, Kentucky Department for Public Health, Epidemiology and Health Planning Division.

### Special Requirements

**Staff/Provider Requirements** - those required for registered nurse in HD

**Training** - Participate in continuing education efforts regarding viral hepatitis from the Kentucky Department for Public Health.

**Reporting Requirements-** Since July 2006, Kentucky Revised Statute 214.187 has directed that the “Department for Public Health shall develop a statewide education, awareness, and information program on hepatitis C.” The Kentucky Department for Public Health (DPH) is required to periodically report to the Interim Joint Committee on Health and Welfare on the status of the “Statewide Hepatitis C Education, Awareness, and Information Program. HD staff will continue surveillance efforts for acute hepatitis cases by reporting to Kentucky Department for Public Health Reportable Diseases section.

**Other Special Requirements-** Continue to offer counseling, screening, and testing referral to clients requesting information on viral hepatitis or clients who are in a high-risk population for viral hepatitis.

## Kentucky HIV/AIDS Branch

### Laws, Regulations, Guidelines:

Kentucky HIV/AIDS Branch  
275 E. Main St. HS2E-C  
Frankfort, KY 40621  
Phone: (502) 564-6539  
Toll Free: (800) 420-7431  
Fax: (502) 564-9865  
<http://chfs.ky.gov/dph/epi/hivaids.htm>

Surveillance Program - HIV/AIDS Case Reporting: (866) 510-0008 or (502) 564-0536

Prevention Program: (502) 564-6539

Services Program: (866) 510-0005 or (502) 564-6539

HIV/AIDS Continuing Education Program: (502) 564-6539

The *Kentucky Department for Public Health HIV/AIDS Branch* assesses the current and future impact of HIV in Kentucky. The branch is composed of Surveillance, Prevention and Ryan White Part B Service programs. The Surveillance section is responsible for the documentation and maintenance of the HIV/AIDS cases reported to them by HIV testing entities. State regulation 902 KAR 2:020, Section 7, requires testing facilities to report HIV and AIDS cases to the Kentucky Department for Public Health HIV/AIDS Surveillance section, within five business days of diagnosis. The Prevention section provides HIV prevention services (such as testing, education, awareness, outreach and interventions) to those at risk for infection and technical assistance and expert support to trained professionals providing interventions. The HIV/AIDS Continuing Education program follows KRS 214.[605/610/615/620](#) by reviewing and approving continuing education courses required for most healthcare personnel. The Services program receives the Ryan White Treatment Extension Act, Part B Grant. The Ryan White Program (otherwise known as the Services Program) is a federal mandate that was created to address health care and service needs of People Living With HIV/AIDS (PLWH/A) disease. The intent of the Services program is to facilitate the provision of quality care and services to PLWH/A disease in a timely manner that is consistent across a continuum of care. These services are mainly provided via a network of programs established at local health departments, local clinics and community based organizations in various regions of the state.

Other statutes regarding testing and confidentiality issues are dictated by:

[KRS 214.181](#) (General consent to testing for HIV – Emergency procedures -- Disclosures of test results -- Voluntary testing programs in each county.)

[KRS 214.625](#) (Consent for medical procedures and tests including HIV infection -- Physician's responsibility -- Confidentiality of results -- Exceptions -- Disclosure -- Network of voluntary HIV testing programs)

[KRS 214.995](#) (Penalties for disclosure of HIV test results or identity of person upon whom test is performed)

[KRS 438.250](#) (Mandatory testing for HIV, hepatitis B and C, tuberculosis, and other diseases for criminal defendants, inmates, and state patients under specified conditions -- Effect of refusal to be tested – Costs)

[KRS 510.320](#) (HIV testing for defendants accused of certain sexual offenses -- Results -- Counseling when test positive -- Cost -- Effect of appeal)

[KRS 529.090](#) (Person convicted required to submit to screening for HIV infection -- Prostitution or procuring prostitution with knowledge of sexually transmitted disease or HIV)

[KRS 636.110](#) (HIV testing for juveniles accused of certain sexual offenses -- Results -- Counseling when test positive)

### **Target Population-**

The HIV/AIDS Branch serves all citizens of the Commonwealth by providing education and resources to ensure that:

- All people at risk for HIV infection know their sero-status;
- Those who are not infected with HIV remain uninfected;
- Those infected with HIV do not transmit HIV to others;
- Health department personnel, health educators, nurses, allied health professionals, counselors, case managers, social service and other community-based agency staff, HIV/AIDS educators, mental health and substance abuse counselors, social workers, teachers, and HIV/STD counseling and testing personnel attain needed training and skills for provision of timely and quality services to populations impacted by HIV disease .

### **Funding:**

The programs within the HIV/AIDS Branch are predominately federally funded from the Centers for Disease Control and Prevention(CDC) and the Health Resources and Services Administration (HRSA). Contracts and Memoranda of Agreements are negotiated with various Community Based Organizations, Universities and Local Health Departments to provide HIV/AIDS Prevention, Surveillance and Services throughout the state.

### **Special Requirements:**

#### **Training:**

- All HIV/AIDS Branch staff and others conducting HIV testing are required to complete the Fundamentals of HIV Prevention Counseling and Testing course.
- Most healthcare professionals licensed in the Commonwealth of Kentucky are required to receive specific continuing education on HIV/AIDS; certified by the HIV/AIDS Continuing Education program per KRS 214.[605](#), [610](#), [615](#), and [620](#).

#### **The HIV/AIDS Prevention Program:**

- Reports client demographics and encounters through the PEMS Database (Program Evaluation and Monitoring System). All contractors provide client data to the Prevention team, who inputs the information into the PEMS database.
- Receives HIV test forms from all counseling and testing sites, including local health departments.

#### **The HIV/AIDS Services Program:**

- Reports client demographic and service utilization through the CAREWare Database.

#### **The HIV/AIDS Surveillance Program:**

- Reports HIV and AIDS cases by way of the CDC enhanced HIV/AIDS Reporting System (eHARS) Database (see key roles and responsibilities of Local Health Departments)

**Billing and Coding Procedures Specific to Program:**

The HIV/AIDS branch does not charge a fee for service. HIV/AIDS programs will be provided without regard to religion, race, color, national origin, sexual orientation, disability, age, sex, number of pregnancies or marital status.

**Other Special Requirements:**

The HIV/AIDS branch follows the regulation below in regards to confidentiality:

**§ 59.11 Confidentiality:**

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

**Advisory Council Requirement:**

The Kentucky HIV/AIDS Planning and Advisory Council (KHPAC) is a body appointed by the Governor to carry out the provisions of KRS 214.640, the Centers for Disease Control and Prevention's HIV Prevention Community Planning Guidance, and the Health Resources and Services Administration's Planning Bodies Manual. KHPAC works in collaboration with the HIV/AIDS Branch of the Kentucky Department for Public Health to advise regarding HIV/AIDS Prevention activities, Services and policies designed to meet the needs of the people of the Commonwealth of Kentucky. KHPAC consists of the commissioners of the departments for Public Health and Medicaid Services and 28 appointed members who represent HIV/AIDS stakeholders, including people living with HIV/AIDS, high-risk populations, AIDS service providers, HIV/AIDS prevention workers, mental health providers, community-based organizations and friends and family of people living with HIV/AIDS.

**Service Description and Key Roles and Responsibilities of the Local Health Departments:**

All Local Health Departments Shall:

Collaborate with the HIV/AIDS Prevention Program to:

- Provide information on HIV which shall include but not be limited to methods of transmission and prevention and appropriate behavior and attitude change. ("[What You Should Know about HIV/AIDS](#)" available online and in [Spanish](#) at <http://chfs.ky.gov/dph/epi/HIVAIDS.htm>)
- Provide anonymous and confidential HIV/AIDS testing
- Provide pre and post test Counseling and Testing
- Provide Partner Counseling and Referral Services (PCRS) for the sex and needle sharing partners of persons who test positive for HIV
- Submit HIV test forms to the HIV/AIDS Prevention section on a monthly basis.

Collaborate with the HIV/AIDS Surveillance Program to:

- Report all HIV and AIDS cases as mandated by Kentucky Communicable Disease Reporting Regulations ([902 KAR 2:020, Section 7](#)). Kentucky requires HIV to be reported by Name, along with Sex, Race/Ethnicity, Risk Factor, as identified by CDC, County of Residence, Name of Facility submitting report, Date and Type of HIV Test performed, results of CD4+ cell count and CD4+%, results of Viral Load testing, PCR, HIV culture, HIV antigen, if performed, information for HIV.

- Report HIV and AIDS cases to only two sites throughout Kentucky (1.) the Louisville Metro Health Department- 902 KAR 2:020, Section 7(2)(a) states that HIV/AIDS reports for residents of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Louisville Metro Health Department (i.e., satellite office) and (2.) the Kentucky Department for Public Health in Frankfort- Cases from all other Kentucky counties of residence are reported to the Kentucky HIV/AIDS Surveillance section in Frankfort.
- Know how to report a case, how to ascertain a client's risk factor and the latest HIV/AIDS Statistics. This information may be found at <http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm>.

Collaborate with the HIV/AIDS Ryan White Part B Services Program to:

- Refer all individuals testing positive for HIV, to the respective Ryan White funded Care Coordinator Region. See <http://chfs.ky.gov/dph/epi/HIVAIDS/services.htm>.



# **Kentucky HIV/AIDS Care Coordinator Program (KHCCP)**

## **Client Eligibility Guidelines**

Clients applying for eligibility for the Kentucky HIV/AIDS Care Coordinator Program (KCCP), the Kentucky AIDS Drug Assistance Program (KADAP) and/or the Kentucky Health Insurance Continuation Program (KHICP) must meet all of the following:

1. Household income - Includes the client, family members, a spouse, partner, or non-family members that reside together.
2. Household Income – The income of all individuals (over the age of 15) that occupy a single residence should be included in the household income and **MUST** be verified. **EXCEPTION** would be if an individual does not directly contribute toward the daily living expenses of the other people within the residence (i.e. someone who rents a room, apartment, house, etc. and pays his/her own bills and living expenses separate from the other people that occupy that room, apartment, house, etc.). Individuals must be at or below 300% of the federal poverty level, adjusted for family size. Income must be verified by one of the following:
  - Two most recent pay stubs; or
  - Most recent W-2 Forms; or
  - Award letter from Social Security Disability/Supplemental Security Income; or
  - Check stub from Social Security Disability/Supplemental Security Income; or
  - Signed statement of no income (for clients who report having no income, he/she must state how he/she is meeting the needs of daily living.Client's household cash assets must be less than \$10,000. (KHCCP reserves the right to verify cash assets).
3. Be HIV positive: Provide complete name-linked verification of HIV+ status within 30 days of initiating the initial interview. The following items may be used to verify HIV status:
  - Positive confidential Western Blot test result; or
  - Signed and dated written statement from a medical care provider; (Please use the Medical documentation Form); or
  - A Counseling and Testing counselor may sign and verify HIV status; or
  - A discharge summary or other hospital record that verifies diagnosis; or
  - Medicaid or Social Security document that verifies diagnosis.
4. Be a current resident of the state of Kentucky verified by one of the following: (Client verification **MUST** match the address record)
  - Valid Kentucky driver's license or state identification card;
  - Copy of a signed lease agreement;
  - Current utility bill; or
  - Statement from a person providing room and board.



5. Sign and date the Informed Participation Agreement form.
6. Sign and date the agency's Release of Information form.
7. Provide sufficient factual information to complete the initial Intake and Assessment form within 30 days of the initial review.
8. Agree to participate in the development of the Individualized Care Plan (ICP): Client to cooperate with the interventions, goals, and objectives of the plan.
9. Agree to abide by the established guidelines for conduct.
10. Provide documentation of health insurance: (including Medicaid/Medicare and Private health coverage), if applicable. Eligibility for KHICP must meet all of the following criteria:
  - Meet all of the program eligibility requirements listed above.
  - Have had health insurance for at least six (6) months **prior** to applying for the KHICP or be eligible for COBRA.
  - Must have a prescription rider as part of their health insurance policy.
  - All covered members must be HIV Positive.
11. Clients **must** provide a copy of a current receipt or current bill to be eligible for any/all financial assistance from KCCP.
12. Incarcerated Individuals
  - Clients who are incarcerated for a period not to exceed 30 days may remain eligible for the KCCP.
  - Clients who are incarcerated for a period greater than 30 days will be documented closed in the client's file and will not be eligible for any care coordinator services during the period they are incarcerated.
  - A client may re-apply for the KCCP once released from jail/prison or within 30 days of release date. (If application is approved, client will be eligible for services upon being released from incarceration.)
  - Client must provide documentation of residency before a client is eligible for any monetary assistance (other than case management).
13. KHCCP is largely a federally funded program and is considered the payor of last resort. Financial assistance is NOT guaranteed. Funding is limited and services may be terminated without cause.
14. Falsification of any information/documentation by any client is grounds for immediate termination without the possibility of reinstatement.

**Reinstatement Policy**

Clients who have been dismissed from the Kentucky HIV/AIDS Care Coordinator Program (KHCCP) have the right to reapply to the KHCCP six (6) months after the date of their dismissal, not including the exceptions noted below. It is the client's responsibility to make contact with their respective Care Coordinator Region in order to reapply for the KHCCP after the six (6) month period. Once the client is reinstated into the KHCCP, if, at any time, the client does not adhere to his/her responsibilities outlined within the KHCCP Informed Participation Agreement and the Client Responsibilities Agreement, the client will be dismissed from the KHCCP for a period of one (1) year.

The client may, once again, reapply to the KHCCP by contacting their respective Care Coordinator Region one (1) year from the date of dismissal.

Clients must meet all of the eligibility criteria and provide the necessary documentation in order to be considered, at any time, for participation in the KHCCP.

If at any time the client does not adhere to his/her responsibilities outlined within the KHCCP Informed Participation agreement and the Client Responsibilities Agreement, the client will be terminated indefinitely from the KHCCP without the possibility of reinstatement.

**Exceptions To The Reinstatement Guidelines**

Reinstatement guidelines do not apply to those incidents in which:

Clients have become physically abusive or made direct or indirect threats to harm any staff within the Kentucky HIV/AIDS Care Coordinator Program (KHCCP), and

Clients have falsified documentation or information related to their eligibility for the KHCCP.

# Home Health

## **Laws, Regulations, Guidelines**

A home health agency is a public agency or private organization, or a subdivision of such an agency or organization which provides intermittent health and health related services, to patients in their place of residence, either singly or in combination as required by a plan of treatment prescribed by a licensed physician. **902 KAR 20:081. Operations and services; home health agencies.** Administration and Operation of a Home Health Agency: The licensee shall be legally responsible for the operation of the home health agency and for compliance with federal, state, and local laws and regulations pertaining to the operation of the service.

## **Target Population-**

Anyone referred from a physician in need of services as described in **902 KAR 20.081**  
In accordance with 902 KAR, home health services shall be available to the total population regardless of age, sex, and ethnic background.

## **Funding-**

Funding comes from several areas to include but not limited to: Agency Funds, state funds, Medicaid, Medicare, Private Insurance and Patient billing for services provided.

## **Special Requirements**

### ***Staff/Provider Requirements***

The agency shall designate a physician or registered nurse to supervise the agency's performance in providing home health services in accordance with the orders of the physician. Intermittent nursing service, Registered Nurse, Licensed Nurse, Physician, Medical Social Worker, Occupational Therapist, Physical Therapist, Qualified Medical Social Worker, and Speech Pathologist provider requirements along with education levels are defined in **902 KAR 20.081**

### ***Training***

Required trainings and documentation are defined in **902 KAR 20.081**

## **Reporting Requirements-**

Planning. Each agency shall develop and annually review a long range plan which includes:

- (a) Assessment of needs for services in the service area of the agency.
- (b) Identification of agency's role in meeting those needs.
- (c) Staff expansion for a two (2) year period.
- (d) Establishment of goals and objectives.
- (e) Coordination of volunteer services, community education and community development activities if these services are provided by the agency

The agency shall have procedures which provide for systematic evaluation of its program at least once every two (2) years. The agency staff shall conduct the evaluation.

## **Billing and Coding Procedures Specific to Program**

The Home Health program reporting system is not integrated with PSRS. Home Health Services provided by local health departments with licensed home health agencies report services through the Local Health Network Home Health Billing System in accordance with Kentucky Licensure and Regulations Guidelines.

### **Other Special Requirements-**

Service agreements with other health care facilities should be developed. Coordination agreements as defined in Section 2 of **902 KAR 20:081**, administrative regulation shall be developed with the major health care providers in the service area including: hospitals, skilled, intermediate and personal care facilities and family care homes. (8 Ky.R. 243; eff. 11-5-81; Am. 16 Ky.R. 998; eff. 1-12-90; 25 Ky.R. 623; 1071; 1364; eff. 12-16-98.)

### **Program Specific Offerings-**

The home health agency shall provide intermittent skilled nursing services and other services for restoring, maintaining and promoting health and/or rehabilitation with minimum disruption of daily living. Services shall range from skilled nursing services to basic health related services to unskilled supportive services. More information is included in **902 KAR 20:081. Operations and services**

### **Program Specific Requirements-**

The agency shall have written policies concerning qualifications, responsibilities, and conditions of employment for each type of personnel (including licensure where this is required by state law).

The policies shall be written and available to staff and cover:

- (a) Wage scales, hours of work, vacation and sick leave;
- (b) Preemployment criminal conviction information;
- (c) A plan for preemployment and periodic medical examination, tuberculin test and/or chest x-ray, and other appropriate tests;
- (d) Plans for orientation and for on-the-job training, where necessary;
- (e) Periodic evaluation of employee performance; and
- (f) Job descriptions for each category of health personnel which are specific and include the type of activity each may carry out.

### **Special Equipment Requirements-**

As identified by services offered and 902 KAR 20:081.

### **Service Description & Key Roles & Responsibilities of Health Department**

The home health agency shall maintain a clinical record for each patient which covers the services the agency provides directly and those provided through arrangements with another agency; and which contains pertinent past and current medical, nursing, and social information, including the plan of treatment. All records must be confidential. According to **KAR 20:081**, service may be provided for a few hours a day, one (1) day or several days per week or month. On occasion, service may be provided more frequently for more time per day up to seven (7) days per week.

### **Minimum Patient Responsibility**

Patient responsibilities include but may not be limited to; compliance with treatment plan, physician's order for services, proof of Medicaid, Medicare, or Insurance coverage when appropriate, resident of Kentucky, etc.

### **Services (Arranged and Paid) Include:**

Personnel and services contracted for meet the same requirements as those specified for home health agency personnel and services, including personnel qualifications, functions, supervision, orientation, basic training program for home health aides, and in-service training should be arranged and paid according to the agreement established by the LHD and the other entity. **902 KAR 20:081. Operations and Services**

# Home Visiting

## Laws, Regulations, Guidelines

All home visits must meet [Medical Necessity](#), as defined in accordance with [907 KAR 3:130 Medical Necessity Section 1](#). This administrative regulation establishes the basis for the determination of medical necessity of services. The requirements for medical necessity of services are:

- Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy.
- Clinically appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice.
- Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons.
- Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided.
- Needed, if used in reference to an emergency medical service, to evaluate or stabilize an emergency medical condition that is found to exist using the layperson standard.
- Provided in accordance with early and periodic screening, diagnosis and treatment (EPSDT) requirements established in 42 USC 1396d(r) and 42 CFR Part 441 Subpart B for individuals under twenty-one (21) years of age.
- Provided in accordance with 42 CFR 440.230.

## Target Population-

Home visits may be performed for specific programmatic reasons or due to a referral from private physicians and/or hospitals. These services should be available to any Kentucky citizen for whom there is a medical need and there is no other provider. Examples may be found in the Home Visiting Section of the Public Health Practice Reference

## Funding-

The need to anticipate home visiting services for all programs should be included in the Local Health Department's plan and budget.

## Special Requirements

**Staff/Provider Requirements** – Are defined by each program in the PHPR

**Training**- Are defined by each program in the educational requirements in the AR.

## Reporting Requirements

Reports may be sent to KDPH according to each programs requirement. See the PHPR for program specifics.

## Billing and Coding Procedures Specific to Program

Coding and billing will be specific to each program area for which the visit was performed.

**Other Special Requirements- Security Measures Guidelines**

Personal safety of the employees is a major consideration and responsibility for LHDs. LHDs is expected to have a plan for the safety of these employees. Policies and procedures should be developed in the LHD to assist in providing security measures for the health care providers.

**Program Specific Offerings, Program Specific Requirements, Special Equipment Requirements-**

Based on each program requirement in the PHPR

**Minimum Patient Responsibility**

Patient should agree to be home when appointment for visit is scheduled.

**Services (Arranged and Paid) Include:**

Services may be arranged for and/or contracted as LHD Director sees appropriate.

# Immunization Program Administrative Guidelines

## ELIGIBILITY FOR STATE-SUPPLIED VACCINE

The following constitute programmatic directions on eligibility for vaccine supplied through the Department for Public Health's Immunization Program, i.e., state-supplied vaccine. Only those children and adolescents specifically identified as eligible may receive state-supplied vaccine. Local health department (LHD)-purchased vaccine may be used to vaccinate clients not eligible for state-supplied vaccine.

### Eligibility

1. Except as noted in paragraph 2 below, LHD clients birth through 18 years of age (under 19) are eligible to receive state-supplied vaccine at no cost for the products. Except as provided for under ["Adults, Outbreak Control and Special Situations,"](#) in this section, use of state-supplied vaccine for adults 19 years of age and older is not authorized. Eligibility is based on federal statutory ([42 U.S.C. 1396s](#)) and state regulatory ([907 KAR 1:680](#)) requirements, childhood and adolescent immunization recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices ([ACIP](#)), state and federal funding, and the availability of the vaccine through the Immunization Program.
2. In order to avoid a missed opportunity to immunize, children enrolled/covered by private health insurance presenting at a LHD should receive appropriate vaccination at that contact. However, parents should be counseled to seek subsequent vaccinations from their child's private health care provider as covered by their health insurance plan, and documentation of vaccines administered by the LHD should be provided to the parent/guardian. The Immunization Program is not funded to provide for routine vaccination of children with health insurance that covers vaccinations. LHDs engaged in subsequent or routine vaccination of children with health insurance that covers vaccinations should do so with LHD-purchased vaccine.
3. Children enrolled in Kentucky Children's Health Insurance Program ([KCHIP](#)) Phase III are technically not VFC-eligible because they are neither Medicaid-eligible nor uninsured. However, the Department for Public Health has entered into an agreement with the Department for Medicaid Services to be the purchasing and distribution agent of vaccines for children enrolled in the KCHIP Phase III program. Therefore, KCHIP providers, who are also VFC providers, may serve KCHIP Phase III recipients with vaccines supplied through the Immunization Program. Providers must bill KCHIP for the administration fee.

## **Eligibility Screening**

1. LHD clients birth-18 years of age (<19) must be screened to determine eligibility category for state-supplied vaccine by referring to the following criteria:
  - a. Is enrolled in Medicaid
  - b. Does not have health insurance
  - c. Is an American Indian or Alaska Native
  - d. Is underinsured (has health insurance that does not pay for vaccinations)
2. A record of client/patient eligibility of all children birth-18 years of age (<19) who receive state-supplied vaccine must be kept at the LHD. LHDs must document patient eligibility screening on the Patient Services Reporting System (PSRS) in AR Volume II. Eligibility screening must take place with each visit to ensure the child's eligibility status has not changed.

## **State-Supplied Vaccine**

1. Subject to availability, the Immunization Program will provide vaccines at no cost to LHDs for administration to eligible clients birth–18 years of age (< 19) identified as eligible in section I.  
Client Eligibility: All [ACIP](#) routinely recommended childhood and adolescent vaccines are published by the Centers for Disease Control and Prevention (CDC) in the Recommended Childhood and Adolescent Immunization Schedule – United States. This immunization schedule is revised at least annually. A current copy of the Recommended Childhood and Adolescent Immunization Schedule – United States, may be found at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules).
2. Subject to availability, the Immunization Program will provide vaccines at no cost to LHDs for administration to eligible clients birth–18 years of age (< 19) identified as eligible in section I.  
Client Eligibility: LHDs will administer all vaccines necessary for entry and attendance to Kentucky primary or secondary schools (public or private), preschool programs, day care centers, certified family child care homes or other licensed facilities which care for children, in accordance with Kentucky Revised Statutes [KRS 158.035](#), [KRS 158.037](#), [KRS 158.160](#), [KRS 214.034](#), [KRS 214.036](#), [KRS 214.990](#)(5), and Kentucky Administrative Regulation [902 KAR 2:060](#).
3. Subject to availability, the Immunization Program will provide at no cost to LHDs for administration to eligible clients birth–18 years of age (< 19) identified as eligible in section I.  
Client Eligibility, the following vaccines or combinations are available for administration:
  - 1) Diphtheria, tetanus, and acellular pertussis (DTaP)
  - 2) Diphtheria, tetanus, and acellular pertussis – Hepatitis B and Inactivated Polio (DTaP–Hep B–IPV)
  - 3) Pediatric diphtheria and tetanus (DT)
  - 4) Influenza



- 5) Haemophilus influenzae type b (Hib)
- 6) Hepatitis A (Hep A)
- 7) Hepatitis B (Hep B)
- 8) Hepatitis B and Haemophilus influenzae type b (Hep B–Hib)
- 9) Human Papillomavirus (HPV)
- 10) Measles, mumps, and rubella (MMR)
- 11) Measles, mumps, rubella, and varicella (MMRV)
- 12) Meningococcal Conjugate (MCV4)
- 13) Meningococcal polysaccharide vaccine (MPSV4)
- 14) Pneumococcal conjugate (PCV13)
- 15) Pneumococcal polysaccharide (PPSV23)
- 16) Inactivated polio (IPV)
- 17) Rotavirus (ROTA)
- 18) Tetanus and diphtheria (Td)
- 19) Tetanus, diphtheria and acellular pertussis (Tdap)
- 20) Varicella (VAR)

### **Adults, Outbreak Control and Special Situations**

1. State-supplied Hepatitis B vaccine may also be given to susceptible adult household, sexual, and needle sharing contacts of Hepatitis B surface antigen (HBsAg)-positive pregnant women who have been reported to the Department for Public Health's Immunization Program as a Perinatal Hepatitis B prevention case.
2. The Department for Public Health's Immunization Program is not funded to provide for routine vaccination of adults 19 years of age and older. However, the Department for Public Health's Immunization Program may initiate supply of vaccine and immune globulin for adult disease intervention and other special situations or projects. Otherwise, request for vaccine and immune globulin to support adult vaccination of clients not specifically identified above as eligible need to be made to the Department for Public Health's Immunization Program, and will usually need to be accompanied by written justification of need and plan of action. LHDs engaged in routine vaccination of adults should do so with LHD-purchased vaccine.

## HANDLING AND STORAGE OF VACCINE

**The following constitute procedural directions for the management of state-supplied vaccine:**

1. Vaccines should be handled and stored in accordance with the [Food and Drug Administration](#) (FDA)-approved package insert that is shipped with each product. Additional guidance for selected biologicals is contained in the Centers for Disease Control and Prevention's (CDC's) Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals, included in the Vaccines for Children (VFC) manual distributed to each local health department (LHD). CDC's vaccine management recommendations for selected biologicals may also be found at: [cdc.gov/vaccines/recs/storage/](http://cdc.gov/vaccines/recs/storage/).
2. Designate at least two people in the clinic to be responsible for storage and handling of vaccines. It's important to train at least one back-up person to learn proper storage and handling of vaccines. The back-up person should be familiar with all aspects of vaccine storage and handling, including knowing how to handle vaccines when they arrive, how to properly record refrigerator and freezer temperatures, and what to do in case of an equipment problem or power outage.
3. Refrigerators without freezers and stand-alone freezers usually perform better at maintaining the precise temperatures required for vaccine storage. Combination refrigerator-freezer units sold for home use are acceptable for vaccine storage if the refrigerator and freezer compartments each have a separate sealed external door. Dorm-style integrated refrigerator-freezers are not authorized. A "Do Not Unplug" warning poster should be placed next to the electrical outlets for each vaccine storage refrigerator or freezer. A thermometer must be in every refrigerator and freezer that contains state-supplied vaccine.
4. The temperature of the refrigerator and freezer where vaccine is stored should be checked and recorded on a temperature log at least twice daily. Preferably, the temperature should be checked in the morning when the office opens and again at the end of the day when the office closes. If there is a refrigerator or freezer power outage or malfunction, the time interval of the outage can be narrowed to determine if the vaccine is still viable. Temperature logs should be kept for at least three years. As the refrigerator ages, clinics can track recurring problems. If temperatures have been documented out of range, clinics can determine how long this has been happening and must take appropriate action.
5. Vaccine found to be stored out of recommended temperature range should be safeguarded by moving them to another location and then determining if they are still acceptable for administration. Check the condition of the unit for problems. Are the seals tight? Is there excessive lint or dust on the coils? After making adjustments, document the date, time, temperature, what the problem was, the action taken, and the results of this action. Recheck the temperature every two hours. Call maintenance or a repair person if the temperature is still out of range.
6. Any incident which may question vaccine stability, including incidents of improper vaccine handling and storage, must be reported by telephone to the Kentucky Immunization Program at (502) 564-4478. The report should include, at a minimum, the length of time

and temperature at which the vaccine was “stored.” The Kentucky Immunization Program will make a determination for the continued use of vaccines in question and/or recommend other action.

7. LHDs should develop emergency procedures for protecting vaccine inventories in case of natural disasters or other emergencies. Such emergency procedures should include: emergency backup power generation or identifying an alternate storage facility with back-up power where vaccine can be properly stored and monitored; ensuring the availability of staff to pack and move vaccine; maintaining appropriate packing materials; and, ensuring a means of transport for the vaccine to a secure storage facility. Guidelines for developing clinic specific procedures for the protection of vaccine inventories before and during emergency conditions may be found at:  
[www2a.cdc.gov/vaccines/ed/shtoolkit/pages/SH\\_plans.pdf](http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/SH_plans.pdf).
8. For incidents where state-supplied vaccine is determined to be wasted or removed from inventory due to mishandling or expiration, the Kentucky Immunization Program will provide LHDs with cost data for the wasted vaccine, and vaccine disposition instructions. Incidents of wasted vaccine exceeding \$1,000 must be followed by a written narrative incident report describing the circumstances of the loss and providing a corrective action plan. The incident report should include the name and position title of the person completing the report. Narrative incident reports should be mailed to Kentucky Immunization Program, Department for Public Health, 275 East Main Street, HS2E-B, Frankfort, KY 40621-0001; or faxed to (502) 564-4760.
9. LHDs may be required to reimburse the Kentucky Immunization Program for the cost of wasted state-supplied vaccine. When required, reimbursements should be made payable to the Kentucky State Treasurer, and mailed to Kentucky Immunization Program, Department for Public Health, 275 East Main Street, HS2E-B, Frankfort, KY 40621-0001.

Vaccine purchased by LHDs, i.e., not state supplied, should also be handled and stored in accordance with the guidance described in items one (1) through six (6) above.

LHDs are responsible for the proper maintenance of their vaccine inventory and for ordering vaccine in the appropriate amounts. It is recommended that providers calculate the amount of vaccine they generally use in a 30 to 60 day period, and use that figure as a basis for reordering vaccine. To avoid shortages, providers should always order vaccines at least 30 days in advance of inventory depletion. Providers must complete a “Vaccine Activity and Order Worksheet” and forward it by fax to the Kentucky Immunization Program at (502) 564-4760, or by mail to Kentucky Immunization Program, Department for Public Health, 275 East Main Street, HS2E-B, Frankfort, KY 40621-0001.

## **IMMUNIZATION LINKAGE INTERVENTIONS WHICH MUST BE IN PLACE TO ENSURE CHILDREN ARE PROPERLY IMMUNIZED**

The following interventions must be in place to ensure all children receiving services at a local health department (LHD) are properly immunized:

1. Ensure immunization data for all children is collected and entered into the Patient Services Reporting System (PSRS) regardless of whether the child receives immunization services from a primary care physician or LHD.
2. When scheduling appointments, advise parents/caretakers of each infant and child under the age of two (2) that immunization records are requested as part of the health screening process. Explain to the parent/caretaker the importance of ensuring that infants/children are up to date on immunizations. Assure applicants for WIC services that immunization records are not required to obtain WIC benefits.
3. Use PSRS for prescreening infants and children who have been scheduled for upcoming visits/services.
4. Screen the immunization status of each infant/child at the initial visit and all subsequent visits. The screening must be done by using a documented record, which is either computerized or paper and includes recorded vaccination dates. Examples of a documented record are:
  - A hand-held immunization record from the provider
  - An immunization registry
  - An automated data system, or
  - A medical record
5. In accordance with Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, effective April 14, 2003:  
Immunization information may be shared, without authorization from the patient or the patient's parent or guardian, if the patient is a minor, if the person or agency requesting the information provides health related or education services on behalf of the patient or has a public health interest or is an institution which requires evidence of immunizations pursuant to state law. Some of those entities that may report and exchange information under this exemption are: LHDs within and outside the state, childcare facilities, pre-schools, public and private schools and other providers outside of the LHD who are providing health care to the patients simultaneously or subsequently. See Administrative Regulation [902 KAR 2:055](#) for a complete list of entities that may report and exchange immunization information.

Written consent of the patient or legal guardian is required for release of information to those not otherwise authorized to receive the information. DPH policy permits the sharing of childhood immunization information with other LHDs within and outside the state as well as other facilities or institutions which require evidence of immunizations pursuant to state law, and other providers outside of the LHD who are providing health care to the patients simultaneously or subsequently.

6. If the infant/child is under immunized:
  - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child; and
  - Provide referral for immunization services to the child's usual source of medical care.
7. If a documented immunization record is not provided by the parent/caretaker:
  - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
  - Provide referral for immunization services; and
  - Encourage the parent/caretaker to bring the immunization record to the next certification visit.
8. Use the CDC-developed [Comprehensive Clinic Assessment Software Application \(CoCASA\)](#) to perform self-assessments of immunization coverage level status of children adolescents.

## REMINDER/RECALL POLICIES

In February 1992, the [National Vaccine Advisory Committee](#) developed a set of standards as to what constitutes the most essential immunization policies and best practices. Research has demonstrated that systems used to remind patients, parents/guardians, and health care professionals when vaccinations are due, and to recall those who are overdue immunizations, improves vaccination coverage. The following are protocols regarding the implementation of immunization reminder/recall policies.

### **Scheduling Appointments**

The local health departments must schedule the next immunization appointment upon completion of the current immunization encounter. Every effort shall be made to provide health services within (10) calendar days from a patient's request for an appointment. Refer to "Appointment and Scheduling Requirements for Personal Health Services" in the AR Volume I, Section VIII: LHD Operations.

### **Reminder Protocol**

1. At each immunization encounter, a written reminder shall be given to the patient or patient's parent/guardian with the next scheduled immunization.
2. The Patient Services Reporting System (PSRS) will display a message that will appear on the status line whenever it is determined that an immunization is due upon registration.
3. A reminder card or telephone call must be executed in order to remind patient or patient's parent/guardian of the next immunization appointment in advance.
  - a. **FOR HEALTH DEPARTMENTS WITH AUTO DIALER:** Local health departments with Auto Dialer capabilities must utilize the system to prompt patient or patient's parent/guardian regarding upcoming immunizations. See WIC Program section in the AR Volume II for "Auto Dialer Download" instructions.
  - b. **FOR HEALTH DEPARTMENTS WITHOUT AUTO DIALER:** Local health departments without Auto Dialer capabilities must utilize a manual reminder telephone call or card system.

### **Recall Protocol**

1. Attempts should be made to recall patients that miss immunization appointments by employing either a mailed card or telephone call. A total of three documented attempts to reschedule the appointment should be made before classifying the patient as "moved or gone elsewhere" for immunization purposes.
2. Health departments may obtain a missed appointment list daily to assist with this endeavor. If you wish to have this report printed at your health department, contact the Help Desk at (502) 564-7213 or CRT 2163 and request that Report 865 is run for your site. Report 864 will print labels for use in contacting these patients. See "Missed Appointment List and Labels" in PSRS section of the AR Volume II.
3. Allow sufficient time to lapse before each contact is attempted, in order to give the patient or patient's parent/guardian sufficient time to respond.
4. Document each attempt including the date of attempt, method of contact, and the outcome.
5. If the patient or patient's parent/guardian does not respond to the three attempts, the child has "moved or gone elsewhere" for immunization coverage level assessment purposes. Document appropriately.

## **REPORTING AND PREVENTION OF PERINATAL HEPATITIS B**

### **Testing and Screening**

[KRS 214.160 \(7\)](#) has required the screening of pregnant women for Hepatitis B since 1998. Screening for Hepatitis B surface antigen (HBsAg) is one of several required blood tests performed at the initial prenatal visit. If the woman is high risk for contacting Hepatitis B, the serological testing should be repeated in the last trimester.

### **Reporting Requirements**

Health Care professionals and health care facilities are required by regulation [902 KAR 2:020](#) to report HBsAg-positive pregnant women and children born to these women.

Kentucky Disease Surveillance requires priority reporting: report to the local health department or the state Department for Public Health within 1 business day of the identification of a case or suspected case.

Epidemiology reports required:

- Kentucky Reportable Disease form – EPID 200 (01/03) – Used to report all Hepatitis B positive persons.
- Hepatitis B Infection in Pregnant Women or Hepatitis B Infection in a Child – EPID 394 (01/03) – Used to report all pregnant women or children positive for Hepatitis B.
- Perinatal Hepatitis B Prevention Form for Infants – EPID 399 – Used by hospitals to report vaccination status of newborn infants.

### **Perinatal Hepatitis B Prevention Coordination**

- The Department for Public Health's Immunization Program will have a person designated as the State Perinatal Hepatitis B Prevention Coordinator.
  - The State Perinatal Hepatitis B Prevention Coordinator will be responsible for maintaining a state-wide registry of children born to HBsAg positive mothers throughout the state.
  - The State Perinatal Hepatitis B Prevention Coordinator will provide technical assistance to local health department Perinatal Hepatitis B Prevention Coordinators throughout the state.
- Local Health Departments
  - Local health departments shall have a designated person assigned to be responsible for the follow-up of prenatal women who test HBsAg-positive, their newborn infants, and household, sexual and needle-sharing contacts.
  - The designated person at the local health department will work with private physicians and hospitals to coordinate the care and follow-up of these clients.
  - The designated person at the local health department will report to the State Perinatal Hepatitis B Prevention Coordinator regularly with any current information on clients being case managed.

### **Infants Born To HBsAg Positive Women**

Vaccination and testing for HBsAg and anti-HBs should be conducted in accordance with the most current recommendations of the Advisory Committee on Immunization Practices (ACIP) for Hepatitis B Vaccine.

- Infants born to women who are HBsAg-positive will receive Hepatitis B Immune Globulin (HBIG) and three doses of Hepatitis B vaccine in accordance with current recommendations of the ACIP.
- The HBIG and the first dose of Hepatitis B vaccine will be administered when the infant is physiologically stable (usually at the birthing facilities), preferably within 12 hours of birth. These infants will be case managed to assure that immunoprophylaxis and post-vaccine testing are continued and completed in a timely manner.
- The infants will be tested for HBsAg and anti-HBs three to nine months after the completion of the vaccine series to determine the success of the therapy. The three to nine months after the completion of the vaccine series determine the success for the therapy. In case of therapy failure, these tests will identify infants positive for the virus or those requiring re-vaccination.
- Re-Vaccination: Infants negative for anti-HBs and HBsAg should receive a complete second series of Hepatitis B vaccine and retest for HBsAg and anti-HBs one month after the last dose.
  - If the infant continues to be negative for anti-HBs, the infant is considered to be a non-responder.



## VACCINES FOR CHILDREN PROGRAM FRAUD AND ABUSE PREVENTION

### **Background**

The purpose of this policy is to provide programmatic direction for the prevention of fraud and abuse in the utilization of state-supplied, Vaccines for Children (VFC)-funded, vaccine. Vaccine supplied through the Department for Public Health's immunization program (Immunization Program) is funded through several state and federal funding sources. Most, however, is funded through the federal VFC program. Only a very small percentage of state-supplied vaccine is non-VFC or otherwise categorically restricted. Children and adolescents eligible for VFC-funded vaccine are those who are birth through 18 years of age (less than 19), and who are:

- Medicaid eligible
- Uninsured (have no health insurance)
- American Indian/Alaska Native
- Underinsured (have health insurance that does not pay for vaccinations). To be supported with VFC-funded vaccine, underinsured children must be vaccinated at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). In order to avoid missed opportunities to immunize by having to refer underinsured children to FQHCs or RHCs, local health departments (LHDs) are provided tobacco settlement-funded vaccine.

**Given vaccine usage constraints relative to vaccine funding, LHDs must ensure they are not misusing state-supplied vaccine. In order to accomplish this, LHDs must follow the programmatic directions contained in [“Eligibility For State Supplied Vaccine”](#) found in this section of the AR. This is particularly true for VFC-funded vaccine, by far the state's largest vaccine funding source, and for which there may be civil and/or criminal penalties if fraud and abuse were to occur. The Immunization Program is required by federal granting authorities to implement VFC fraud and abuse prevention policies.**

Children enrolled in Kentucky Children's Health Insurance Program ([KCHIP](#)) Phase III are technically not VFC-eligible because they are neither Medicaid-eligible nor uninsured. However, the Department for Public Health has entered into an agreement with the Department for Medicaid Services to be the purchasing and distribution agent of vaccines for children enrolled in the KCHIP Phase III program. Therefore, KCHIP providers, who are also VFC providers, may serve KCHIP Phase III recipients with vaccines supplied through the Immunization Program. Providers must bill KCHIP for the administration fee.

### **Definitions**

**Fraud**, as is defined in [42 CFR 455.2](#), is “an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.”

**Abuse** is defined as “provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care...”

### **Authority**

[42 U.S.C. 1396s](#) Program for distribution of pediatric vaccines

[KRS 205.520](#) Title and purpose of KRS 205.510 to 205.630 – recovery from third parties for services rendered

[KRS 205.8453](#) Responsibility for control of fraud and abuse

[907 KAR 1:675](#) Program integrity

[907 KAR 1:680](#) Vaccines for Children Program

### **Compliance Assessment**

In order to receive VFC-funded vaccine, VFC-enrolled providers, including LHDs, must submit to the Immunization Program vaccine usage and inventory data documenting VFC eligibility and doses administered. Every vaccine order submitted by a LHD is compared to the most recent provider profile submitted by the LHD. The provider profile is a provider-completed estimate of the number and type of VFC-eligible children the provider expects to see in a given year. These estimates are entered into the [Centers for Disease Control and Prevention \(CDC\)](#)-developed [Vaccine Management System \(VACMAN\)](#).

Aggregate vaccine orders exceeding annual profiled estimated usages are identified by [VACMAN](#). Immunization program staff contact LHD's exceeding profile amounts to determine if distribution of additional vaccine is justified, or if adjustments to the profile are needed. Additionally, immunization program staff validate submitted LHD provider profile and usage data by comparing to Patient Services Reporting System (PSRS) generated reports.

VFC fraud or abuse determination is not a responsibility of the Immunization Program. However, the Immunization Program is required to report suspected VFC fraud and abuse to state and federal authorities. Unjustified excessive and/or repeated discrepancies between provider profile data, vaccine orders and vaccine usage will be referred for further investigation as is required of the program.

### **Referrals**

The Immunization Program will refer suspected cases of fraud or abuse to the Division for Program Integrity, Department for Medicaid Services (Program Integrity). The Immunization Program will make notification of such referral action to the [CDC](#), who may in turn notify the [Centers for Medicare & Medicaid Services](#) (CMS). Program Integrity will investigate complaints and refer, as needed, cases of fraud and abuse to the Office of the Inspector General, Cabinet for Health and Family Services, or to the Attorney General, Commonwealth of Kentucky. Referrals will include, as available or applicable:

- a. Local health department name and address;
- b. A description of the reason for the referral;
- c. If the referral was initiated in response to a complaint, copy of the complaint and/or a summary of the complaint, and the complainant's name, address and telephone number, if available; and,

- d. A summary of the result of any preliminary investigation conducted by Immunization Program staff regarding allegations or suspicions of fraud or abuse.

### **Resolution**

Determination of fraud or abuse is made by Program Integrity. LHDs determined by Program Integrity to be engaged in VFC fraud or abuse will be inactivated (suspended) from the VFC program. Reinstatement to the VFC program will be contingent on the outcome of proceedings conducted by the Office of the Inspector General or the Attorney General's office. Final resolution may include the following (not all inclusive) interventions: remedial education, recoupment of funds, reinstatement without penalty, or referral for criminal prosecution or civil resolution.

# **K-STRIPE Program (Kentucky State and Regional Infection Prevention and Epidemiology)**

## **Laws, Regulations, Guidelines:**

Currently there are no Kentucky or Federal laws mandating the collection and reporting of healthcare associated infections unless an outbreak is present (902 KAR 2:020 - Disease Surveillance).

However, the Center for Disease Control (CDC) does have guidelines for the prevention and control of healthcare associated infections, and the Joint Commission has infection prevention and control standards for facilities who receive Medicare and Medicaid funds.

## **Target Population:**

Healthcare facilities in Kentucky; main focus is on hospitals and long-term care facilities. Currently there are 120 acute care hospitals and 426 licensed LTCFs in Kentucky.

## **Funding:**

American Recovery and Reinvestment Act (ARRA) have provided grant funding through the (CDC) for healthcare associated infection prevention.

***Healthcare Associated Infections – Building and Sustaining State Programs to Prevent Healthcare Associated Infections (CI07-70402ARRA09)***

## **Special Requirements**

***Staff/Provider Requirements:*** The staff/personnel who will perform the duties of the HAI Program Manager must be a Registered Nurse, licensed in Kentucky, who is a graduate of an accredited college or university with a Bachelor of Science of Nursing or higher degree in Nursing. Certification in Infection Control from the Certification Board for Infection Control and Epidemiology and at least three years of experience in the last five years as a hospital Infection Preventionist is required.

***HAI Program Manager:*** Will have a valid Kentucky driver's license.

***Preferred Education and Experience:*** Prefer that the HAI Program Manager have at least five or more years experience as a Registered Nurse. An advanced degree (i.e. a Master of Science of Nursing or higher degree) with a major [or concentration] in Community Health Nursing or Public Health Nursing, Infectious Diseases or Infection Control, or a Master's or doctoral degree in Public Health is a plus. Recent experience with the CDC National Healthcare Safety network (NHSN) for HAI surveillance and reporting would be preferred.

***Training:*** A Registered Nurse in the State of Kentucky must obtain 15 CEUs (continuing education units) each year for renewal of a valid license. Keeps up-to-date on the latest medical and nursing literature and advances about HAI prevention and control strategies by reviewing books, pamphlets, journals and other professional materials. Establishes and maintains on-going working relationships with nurses and other health professionals, clinicians, acute care hospitals, long term care facilities, local health departments and other agencies throughout the state.

### **Reporting Requirements:**

KDPH shall provide reports based upon instructions provided from the CDC.

**Billing and Coding Procedures Specific to Program:** Not applicable. Grant funds will be distributed per grant guidelines.

Grants funds for the 28 month period from September 1, 2009 through December 31, 2011 will be used for:

- Travel in-state and out-of-state for the HAI Prevention Plan Coordinator (HAI-PPC)
- Travel, out of state, for key Kentucky Department for Public Health staff to attend training courses in infection control and/or healthcare epidemiology.
- Equipment
- Supplies
- Contractual – contracts will be used to quickly hire an experienced Registered Nurse-Infection Preventionist as the HAI Prevention Coordinator, and
- Indirect costs.

### **Other Special Requirements**

#### ***Program Specific Offerings-***

##### **Enhancing “State” capacity to develop or improve**

- HAI program infrastructure
- Surveillance, detection, reporting, and response efforts
- Prevention
- Evaluation, oversight, and communication

#### ***Program Specific Requirements-***

1. Establish statewide HAI prevention leadership through the formation of a multidisciplinary advisory committee
2. Identify specific HAI prevention targets consistent with HHS priorities
3. Establish an HAI surveillance prevention and control program (K-STRIFE)
4. Designate a State HAI Prevention Coordinator
5. Improve coordination among governmental agencies and organizations
6. Facilitate use of standardized data collection and reporting

***Special Equipment Requirements-*** use of an electronic reporting mechanism such as CDC’s NHSN database.

## **Service Description & Key Roles & Responsibilities:**

### ***Role of HAI Program Coordinator/Manager-***

1. Plan, develop, manage, coordinate, and evaluate activities directed toward the prevention and control of HAIs.
2. Provide guidance and professional nursing consultation regarding HAI prevention and control strategies to infectious disease nurse consultants and other staff at the Kentucky Department for Public Health (KDPH), to nurses and other staff at acute care hospitals, long term care facilities, local health departments, and to other agencies and health care providers.
3. Provide guidance and coordinate the development and publication of a written Plan, i.e. the "Kentucky HAI Prevention Plan."
4. Provide guidance on agency, program, and nursing policies and procedures, priorities and requirements to insure that HAI Prevention Program and Plan objectives are met.
5. Provide technical assistance and coordinate ongoing review and updates of the HAI Prevention Plan.
6. Initiate and conduct needs assessments and identify training requirements and other resources needed to both perform and integrate the core
7. HAI prevention and control strategies into the delivery of health-care services in Kentucky.
8. Analyze, develop, and recommend HAI prevention and control strategies.
9. Assist in the planning, evaluation and development of medical and nursing strategies, programs, and interventions for the prevention and control of HAIs.
10. Initiate collaboration and education about national prevention targets in the HHS Action Plan to design and implement effective HAI prevention and control programs.
11. Collaborate with the Centers for Disease Control and Prevention, Kentucky public health programs (e.g., Reportable Diseases, Immunizations, and TB), the K-STRIPE Advisory committee, other state agencies (e.g. CHFS OIG and the Kentucky Department of Corrections, Medical Division), Kentucky Hospital Association, Kentucky medical organizations, and with Infection control and healthcare epidemiology staff (e.g. in acute care hospitals, long term care facilities, academic institutions, and in other healthcare settings), and with other stakeholders involved with the control and prevention of HAIs.
12. Develop curriculum, arrange training, conduct training, and participate in training on HAI prevention and control strategies, including surveillance, identification of cases, reporting, and outbreak management, for nurses and other health professionals at KDPH and in healthcare settings (e.g. acute care hospitals, long term care facilities, and local health departments), and for other professionals.
13. Keep up-to-date on the latest medical and nursing literature and advances about HAI prevention and control strategies by reviewing books, pamphlets, journals and other professional materials.
14. Establish and maintain on-going working relationships with nurses and other health professionals, clinicians, acute care hospitals, long term care facilities, local health departments and other agencies throughout the state.
15. Carry out the goals and objectives on the CDC approved and funded HAI Prevention grant, including meeting with both CDC and HHS HAI objectives.

# Laboratory Services

## **Laboratory Services, Regulations, Guidelines**

- Independent laboratories that are not part of the Public Health Laboratories of Kentucky (PHLOK) are responsible for their own certification through the US Department for Health and Human Services, [Centers for Medicare and Medicaid Services](#) (formerly HCFA).
- The state laboratory holds and maintains certification, Clinical Laboratory Improvement Amendment of 1988 (CLIA) certificates, for the Public Health Department Laboratories of Kentucky (PHLOK). Two certificates are held by the Division of Laboratory Services: 1) Provider Performed Microscopy (PPM) and 2) Moderate. The type of certificate held for each individual health department laboratory is dependent upon the type of testing being performed in the facility. Furthermore, the health department can only perform tests approved by the state laboratory that are within the certification guidelines. Any change in health department sites, personnel, or tests performed must be recorded on a DLS Change Form. For more details, see [“Laboratory Services—Service Description and Key Roles and Responsibilities of LHDs”](#) in this section.
- The public health laboratory in Frankfort maintains a high complexity CLIA certificate.

## **Applicable Laws**

[KRS 211.190](#) identifies certain services to be provided by the Cabinet for Human Resources, including the establishment, maintenance and operation of public health laboratories.

[KRS 211.345](#) requires that the Cabinet provide chemical and microbiological testing of private water supplies without charge.

[KRS 214.625](#) provides for provision of voluntary HIV testing through local health departments.

[KRS 214.155](#) requires testing of all infants for inborn errors of metabolism and that the Cabinet make testing available.

[KRS 214.160](#) requires approval of laboratories performing mandated prenatal tests for syphilis and obligates the laboratory of the Cabinet to provide such testing.

[KRS 215.520](#) specifies the provision of adequate support for out-patient TB clinics by high quality laboratories.

[KRS 217C.040](#) establishes the responsibility for oversight of dairy products.

[KRS 258.085](#) provides for submission of animal heads for rabies testing.

[KRS 333](#) regulates the operation of independent medical laboratories, is under the technical oversight of the DLS.

[KRS 510](#) requires HIV testing to be performed on persons convicted of specific sexual offenses under supervision of the Cabinet.

[KRS 529.090](#) requires HIV testing of convicted prostitutes under supervision of the Cabinet.

[KRS 438.250](#) Mandatory testing for HIV, hepatitis B and C, tuberculosis, and other diseases for criminal defendants, inmates, and state patients under specified conditions.



### **Target Population**

- Residents of the county where the health department is located.

### **Funding**

- Laboratory testing performed by local health departments may be reimbursed by Medicaid, Private Insurance or Private Pay.
- Laboratory testing performed by Division of Laboratory Services (DLS), Frankfort, is performed free of charge with the exception of newborn screening testing.

### **Special Requirements**

1. Staff requirements:
  - The health department laboratory must have a sufficient number of individuals who meet CLIA qualifications requirements to be able to perform the volume and complexity of tests offered.
  - CLIA guidelines set the standard on who can do a laboratory test and what type of test that individual is authorized to do. A health department that is operating under a waived/PPM certificate is authorized to do a limited number of tests. A list of those approved tests are available through the certificate holder, DLS and the DLS web site: [Division of Laboratory Services](#)
  - Health departments operating under a waived/PPM certificate requires that the microscopy tests performed in that facility have to be conducted by an Advanced Registered Nurse Practitioner (ARNP) or Medical Doctor.
  - Moderate certificate holders must either have an associate degree related to laboratory testing or have earned a high school diploma and training that must be documented for the type of testing being performed by that individual.
2. Training Requirements:
  - Moderate certificate, each individual performing moderate complexity testing must be trained prior to analyzing patient specimens. This training will assure that the individual performing the test has all skills needed to collect, test, and verify the validity of the patient's test results. The "Employee Competency and Training Checklist" is part of the Local Public Health Laboratories of Kentucky Quality Assurance Plan provided to each health department.

### **Reporting Requirements**

Test results that are performed in the health department laboratory are documented in the patient's chart on the CH-12. Any patient testing results from either a contract lab or from the Division of Laboratory Services or from any other licensed facility (ies: Hospital, Physician Office Laboratory [POL]) that appear on the Reportable Disease List must be reported to the Division of Epidemiology (DE), DPH. The DE maintains this list.

### **Blood-borne Pathogens And Needle-stick Safety**

A copy of "[The OSHA Standard Bloodborne Pathogens Standard 29 CFR 1910.1030](#)" is kept at each health department and in great detail lays out the bloodborne pathogens and needle-stick safety issues concerning the health department. Click on this link: "[OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030](#)" for a Fact Sheet on this document.

### **Laboratory Services Description And Key Roles And Responsibilities Of LHDs**

- Laboratory services provided by health departments under their CLIA certificate, being waived/PPM or Moderate will perform quality control as part of the testing and will



implement a quality assurance program as outlined in the Local Public Health Laboratories of Kentucky Quality Assurance Plan provided to each health department.

- Each site will maintain a “Public Health Laboratories of Kentucky Standard Operating Procedures Manual” ([PHLOK SOPM](#)) for health department laboratory testing that will have each test listed that the health department laboratory performs. This manual is provided by the certificate holder, Division of Laboratory Services (DLS). The manual discusses the principle of each test performed, describes specimen collection, needed equipment and supplies to perform the test, proper storage of test components, proper disposal of hazardous waste, the test procedure, reporting of results, management guidelines, limitations of the procedure, instrument maintenance, problem solving and references. Any and all forms related to test documentation will be found in the [PHLOK SOPM](#) for health department laboratory testing and are also available online: [Division of Laboratory Services](#)
- Whenever there is a change in laboratory sites, personnel or test method, a Change Form must be filled out and submitted to DLS. The DLS in turn will approve or disapprove the requested change and contact the affected program so that health department reimbursement for services rendered can occur. Without this process, reimbursement will be denied. A Change Form may be obtained from the [PHLOK SOPM](#) kept at each local health department.
- Specimens may be sent to the state laboratory, Frankfort, for tests that are not performed at the local health department.
- The tests offered by the state laboratory are listed online at: [Division of Laboratory Services](#). Instructions for specimen collection, requisition and shipping requirements are listed for each test.
- Each health department has a Form Book that contains all the submission forms used to submit a specimen to DLS. A copy of each form and directions for filling the form out correctly can be found in the book and online at: [Division of Laboratory Services](#). Form updates are made available online and most forms may be printed from the website for health department use. Submission Forms are also available from DLS.

### **Shipping Laboratory Specimens To Division Of Laboratory Services (DLS)**

- Shipping containers and color coded shipping labels are provided to the health department from the Division of Laboratory Services for the purpose of shipping specimens.
  - For definitions of the color coded shipping labels, and listing of possible shipping methods, see “Kentucky Public Health Laboratory (KPHL) Packaging and Shipping of Diagnostic Specimens” in this section.

### **Packaging And Shipping Of Infectious Substances**

- New [Department of Transportation](#) (DOT), [Domestic Mail Manual](#) (DMM), and [International Air Transport Association](#) (IATA) guidelines must be followed in determining if a specimen for shipping is infectious or diagnostic. See “Kentucky Public Health Laboratory (KPHL) Packaging and Shipping of Diagnostic Specimens” in this section. If determined to be infectious, guidelines must be followed in the packaging and shipping of that specimen.
- Employees responsible for infectious substance packaging and shipping must be trained and certified by their employer within 90 days of employment. Employees must be re-certified every three years, or whenever changes to the applicable regulations occur. The training guidelines are found in : [CFR 49 Volume 2, Subpart H Training: Section 172.704 Training Requirements](#).

- [UN Certified Packages](#) must be used as defined in the DOT regulations and a 24-hour emergency number must be provided while the package is in transit.

### **Contract Laboratory**

- If the local health department purchases laboratory services, the services must be provided by a licensed laboratory. The health department will need to request a copy of the contracted laboratory's CLIA certification that includes their current CLIA number so that the health department can present this to Medicaid.
- The contract laboratory will provide the health department with a test manual. This manual will list the tests that they perform and will state their specimen requirements and forms they want completed to accompany specimens sent to them for testing. Time sensitivity and shipping requirements will be defined here too.

### **Specimen Collection**

- What qualifies as a good specimen and why it is important in obtaining reliable test results is found in both the Public Health Laboratories of Kentucky Standard Operating Procedures Manual ([PHLOK SOPM](#)) for health department laboratory testing and online at: [Division for Laboratory Services](#)  
Test Kit Inserts found in the test kits that the health department laboratory utilizes for testing also address proper specimen collection.
- **MOST IMPORTANT:** Please see the **Registered Sanitarian Field Handbook in the AR Volume II for instructions for collecting and submitting specimens for rabies examination and other viral isolation.**

### **Laboratory Safety**

- The back section of the [PHLOK SOPM](#) for health department laboratory testing provides general laboratory safety guidelines. Discussion of biological, chemical and mechanical hazards take place here with emphasis on prevention and what to do in the case that an incident occurs.

### **Chemical Terrorism Laboratory Response**

- Biological samples (Blood and Urine): Call the Division of Laboratory Services 502-564-4446 for the collection and shipping of biological samples for chemical analysis.
- Environmental samples (Air, Soil, and Water): Call Kentucky Environmental Response 502-564-2380 or 800-928-2380 for the management of environmental samples.

## **Laboratory Services Requirements For Shipping of Specimens**

- Shipping containers and color coded shipping labels are provided to the health department from the Division of Laboratory Services for the purpose of submitting blood, serum, DNA probe, water, food and milk specimens.

The color coded labels for mailing specimens to DLS are defined as follows:

Pink	-	Chlamydia
Orange	-	Clinical Chemistry
Yellow	-	Enteric Pathogens
Orange	-	Parasitology
Blue	-	Prenatal Profile
Lime Green	-	Rubella Serology
White	-	Serology
Red	-	TB (Postage Prepaid)
Green	-	Viral & Rickettsial Serology
Pink	-	Virus Isolation & Special Serology
White	-	Water Bacteriology

- Specimens may be shipped to the DLS, Frankfort, by FedEx, UPS, Courier, U.S. Postal Service or personal delivery. Each method shall be carefully evaluated before choosing the one best suited for a particular specimen. Many carriers will not transport rabies specimen. Also it is important to note that many specimens collected are time sensitive and it is essential that they arrive for testing in Frankfort in a timely manner. This should also be factored in when selecting a shipping method. Time sensitive tests are discussed in the Tests Performed reference section available online at: <http://publichealth.state.ky.us/laboratory-services.htm>

These instructions are current as of 12-19-02.

## Kentucky Public Health Laboratory (KPHL) Packaging and Shipping of Diagnostic Specimens

To ensure the safety of the public and assure the integrity of the clinical sample, Department of Transportation rules mandate the following procedures for packaging and shipping diagnostic specimens to the Kentucky Public Health Laboratory (KPHL).

According to the regulation (DOT 49 CFR) a diagnostic specimen is defined as “any human or animal material, including excreta, blood and its components, tissue, and tissue fluids being transported for diagnostic or investigational purposes, but excluding live infected humans or animals.” Therefore >99 % of all clinical specimens from the local health departments should be treated as diagnostic.

### **PROPER PACKAGING OF DIAGNOSTIC SPECIMENS INCLUDES FOUR BASIC REQUIREMENTS:**

- Watertight Primary Containers
- Watertight Secondary Containers
- Absorbent Material
- Sturdy Outer Packaging

**WATERTIGHT PRIMARY CONTAINERS** may be glass, metal, or plastic. They must not contain more than 500 ml of any liquid . For solid specimens the primary container must be siftproof and not contain more than 500g.

*Examples:* Chlamydia swabs and Vacutainers®.

**WATERTIGHT SECONDARY CONTAINERS**. To prevent contact between multiple primary containers, individually wrap or separate each with paper towels or tube sleeves and place inside a leakproof secondary container. **Note:** Paperwork goes between secondary container and outer packaging. Make sure black rubber gaskets have been placed inside the metal canister lid.

*Examples:* Small metal canisters and plastic canisters.

**ABSORBENT MATERIAL**. Place absorbent material between the primary and secondary container. Use enough absorbent material to absorb the entire contents of all primary containers.

*Examples:* Cotton balls, paper towels, absorbent pads.

**STURDY OUTER PACKAGING** must consist of corrugated fiberboard, wood, metal, or rigid plastic. For liquids the outer packaging must not contain a total of more than 4 liters. For solids, the outer packaging must not contain a total of more than 4 kg. The minimum package size in the smallest overall external dimension is 4 inches. Each completed package must be capable of withstanding a 4 foot drop test outlined in IATA 6.5.1.

**MARKINGS** Each diagnostic shipment must show the text “DIAGNOSTIC SPECIMENS”.

**DIAGNOSTIC SPECIMENS THAT ARE DRIED AND NON-INFECTIOUS**. Dried blood, tissue, saliva, and hair. Dried blood samples on absorbent pads or cards for diagnostic testing must be

enclosed in a paper envelope or a paper lunch sack and mailed in a second paper envelope. Do not fold cards and if more than one card is submitted, be sure to turn so blood spots do not touch one another. Make sure spots are dried thoroughly before placing the cards in the envelopes. Glass or plastic slides must not be shipped in any flexible envelope.

## **DO'S AND DON'TS**

- **DO** call us if in doubt. 502-564-4446 ext. 4407.
- **DO** use the correct packaging components.
- **DO** not place the paperwork around the primary container (i.e. the glass or plastic vial).
- **DO** place the paperwork between the secondary container and the outer packaging.
- **DO** try to keep the use of tape on the tubes, cans and boxes to a minimum.

# **Childhood Lead Poisoning Prevention Program (CLPPP)**

## **Laws, Regs, Guidelines**

The Kentucky Childhood Lead Poisoning Prevention program is established by KRS 211.901 for the prevention, screening, diagnosis and treatment including the identification of the sources of such poisoning. This state statute is carried out under 902 KAR 4:090.

## **Target Population**

Lead testing is a Medicaid requirement for EPSDT and Well Child visits at ages 9-12 months and again at 24 months. Priority for services will be to persons ages 9 -12 months and again at 24 months and any child ages 25-72 months who have not had a documented blood lead level. It is recommended for pregnant women who:

- Receive Medicaid benefits
- Reside in a Targeted Zip Code or answers “Yes” or “Don’t Know” to any question on the Verbal Risk Assessment (zip codes and questions are listed in the PHPR Lead Section).

For Medicaid enrolled children and pregnant women, Medicaid will reimburse for a blood lead screening, all others should pay per sliding fee scale or with private insurance.

## **Funding**

The Department for Public Health, as the sole Kentucky CDC Childhood Lead Poisoning Prevention grantee, delegates federal funds to Northern Kentucky, Jefferson and Fayette County Health Departments through Memorandum of Agreements. The remaining local health departments receive funding for program services through 818 (5) Community funds. The state office administration and health education costs are covered by the CDC grant award.

Funds may not be used for community testing, abatement, or clearance testing services.

Medicaid should be billed for blood lead tests, home visits, and risk assessments for enrolled children and pregnant women. A child identified with lead poisoning (confirmed level of 15µg/dL) will need a certified risk assessment on any structure where a child spends 6 or more hours a week, starting with the child’s home, until a likely source is identified.

## **Special Requirements**

Case Management services shall occur for every child with a 2<sup>nd</sup> blood lead level of 10-14µg/dL, a confirmed blood lead level of 15µg/dL or greater, or for a pregnant woman with a venous level of 5µg/dL or greater.

Case Management guidelines are in the PHPR listed under the Lead Section. The forms and teaching sheets used for the Lead program are listed under the Forms and Teaching Sheets section.

Changes in the Lead section, and in the Forms and Teaching Sheets can occur at any time, however changes are generally made in January and July, with changes being sent electronically to every health department director at that time. The Director shall forward a copy of any changes to the LHD Lead Case Manager.

All forms and documents shall be filed in the patient’s medical chart with a copy sent to the Cabinet for Health and Family Services Childhood Lead Poisoning Prevention program.

## Training Requirements

1. All nurses screening for blood lead levels shall complete the module on **TRAIN:** Kentucky Childhood Lead Poisoning Prevention Program Screening, Follow-up, Case Management services.
2. All nurses screening for blood lead levels shall view the CDC Specimen training video at [http://www.cdc.gov/nceh/lead/training/blood\\_lead\\_samples.htm](http://www.cdc.gov/nceh/lead/training/blood_lead_samples.htm) . at orientation and any time prior to a nurse obtaining a blood lead level.
3. All nurses screening for blood lead levels shall view the Medtox Fingerstick Collection for Lead at orientation and any time prior to a nurse obtaining a blood lead level.



### **MEDTOX Fingerstick Collection for Lead ar**

All nurse case managers and support staff shall receive and complete required program training updates as provided by the KY Childhood Lead Poisoning Prevention Program. at orientation and any time prior to a nurse obtaining a blood lead level.

4. Documentation of these completed trainings shall be maintained by the local health department in the staff member's personnel file.

## Reporting Requirements

As required by KRS 211:902.all local health department obtaining blood lead levels using a Lead Care II machine shall report as a lab all blood lead results within (seven)7 days to the Cabinet for Health and Family Services KY CLPPP including patient first name, last name, middle initial, date of birth, patient address, city, state, zip code, social security number, Medicaid and Passport number, if the test is Child/Prenatal, date of test, Pb results in µg/dL, date of test, and any result >6 repeated with new result listed in µg/dL.

The LHD Lead Case Manager shall send a completed report form to the Cabinet for Health and Family Services on all children having a second blood lead level of 10-14 µg/dL, confirmed 15µg/dL, or greater or on any pregnant women with a blood lead level of 5µg/dL or greater.

## Billing and Collection Procedures

shall:

1. Ensure that inability to pay is not a barrier to services;
2. Those clients not enrolled in Medicaid, billing is to be based on a cost analysis of services and charged according to the sliding fee scale.
3. Ensure that patients eligible to enroll in Medicaid or KCHIP are referred to those agencies.

## Other Special Requirements

### **§ 59.11 Confidentiality**

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

**Program Specific Offerings**

None

**Program Specific Requirements**

None

**Service Description & Key Roles & Responsibilities of Health Department**

Blood lead screening of persons ages 9 -12 months and again at 24 months, any child ages 25-72 months who have not had a documented blood lead level and pregnant women who:

- Receive Medicaid benefits (mandatory screening for EPSDT and Well Child)
- Reside in a Targeted Zip Code or answers “Yes” or “Don’t Know” to any question on the Verbal Risk Assessment (zip codes and questions are listed in the PHPR Lead Section).

Case management services to include patient education, perform home visit when necessary, and assure certified risk assessment is performed when necessary. Follow up care should be performed according to PHPR Lead Section.



# Maternity Services

## **Laws, Regulations, Guidelines**

The Prenatal Program is authorized in Kentucky law by [KRS 211.180](#)(1)(e) & (f), which refers to the protection and improvement of the health of expectant mothers and [KRS 214.160](#) which refers to specific laboratory tests of pregnant women and newborn infants. The description of services is addressed in 902 KAR 4:100.

In an effort to educate the public about the risks of substance abuse to the development of the unborn child, the legislature passed a law requiring the posting of warning signs on alcohol use and pregnancy in private offices maintained by all licensed physicians ([KRS 311.378](#)). Although this statute does not address health departments specifically, our mission is to promote healthy lifestyles and healthy babies, therefore all health departments are encouraged to post in a prominent place in the patient waiting room a printed sign supplied by the Cabinet for Health and Family Services ([Division of Substance Abuse](#)), which shall warn that drinking alcoholic beverages during pregnancy can cause birth defects.

## **Target Population**

Any pregnant woman in need of prenatal care, without a secondary payment source, shall be assured that prenatal care will be provided. The overall mission is to assure prenatal care for those who might not otherwise receive it.

## **Eligibility in the Prenatal Program**

A pregnant woman meeting one of the two eligibility requirements below shall be assured prenatal care through the Prenatal Program:

- 1) Any pregnant woman at or below 185% poverty or
- 2) A [KCHIP](#) eligible person at or below 200% poverty income

\* Denial of Medicaid on the basis of "patient request" or failure to complete Medicaid application is **NOT** a reason for qualifying for the Prenatal Program. Continuing the Medicaid application process to completion is required for outlay of funds by the Prenatal Program.

## **Responsibility of the LHD in Provision of Prenatal Care:**

This assurance of prenatal care to those eligible for the prenatal program shall be provided by the local health department through one of the two mechanisms described below:

- 1) A health department on-site prenatal clinic
- 2) A referral to a primary prenatal health care provider

\*Both mechanisms will require a written contract with the LHD and the prenatal health care provider and shall be approved by DPH.

## **Reporting Requirements**

Reporting of client information is collected through the Patient Services Reporting System (PSRS). This system supports 1) appointment scheduling; 2) assessment of income and appropriate billing of patients and third party payors; and 3) patient encounters. All services conducted through the Prenatal Program shall be entered into the PSRS.

### **Funding**

Funding may be accessed through local, state, or general funds. The 803 prenatal allocation shall only be used those services listed in the following section of the AR, Services (Arranged and Paid).

### **Billing and Coding Procedures**

- A. The 803 allocation shall only pay for CPT coded patient services at listed in the following section of the AR, Services (Arranged and Paid). Payment for these services shall be at the Medicaid rate or a lesser agreed upon amount. If a HD lists payment for a CPT code above the Medicaid rate, then the additional amount will not be paid for through the 803 allocation and the LHD will need to use alternative funds to provide payment.
- B. Billing and coding procedures should be based on the latest federal Uniform Percentage Guideline Scale in the AR Volume II, PSRS.

### **Presumptive Eligibility**

Upon a positive pregnancy test or when a pregnant women presents to the health department and has not already obtained a Medical card, the LHD staff shall assist the woman in applying for Presumptive Eligibility. The exact PE coverage period for the recipient is specified on the PE identification form. When determining if the patient is PE eligible, the LHD should use the Medicaid guidelines of determining eligibility. Eligibility guidelines, forms and additional information can be located at <http://chfs.ky.gov/dms/peservice.htm>

PE benefits end when either: 1) the woman becomes eligible for Medicaid coverage; or 2) at the end of the third month of PE (not to exceed ninety days), whichever occurs first. PE recipients should be instructed to go to their local Division of Community Based Services (DCBS) office to apply for full Medicaid benefits. The ending of the Presumptive Eligibility period does not automatically qualify a woman for eligibility into the Prenatal Program. If the woman does not qualify for Medicaid and wishes to participate in the Prenatal Program, she should be screened for eligibility once her PE period ends.

### **Medical Card Eligibility**

The health department shall educate and assist each woman in the process to apply for an Emergency Medical Card, which includes a separate application for both the mother, and child and should be completed for each at the time of delivery.

### **Special Requirements**

#### **Staff Requirements:**

- Prenatal care shall be provided by appropriately licensed, or certified personnel acting within their legal scope of practice.
- The medical care of the pregnant woman shall be initiated and managed by a physician or certified midwife. If prenatal care is not under the direction of an obstetrician, an obstetrician shall be available for consultation.
- Advanced Registered Nurse Practitioners or Physician Assistants with both training and experience in obstetrics may provide routine prenatal/postpartum visits.
- Registered nurses, who have completed a state sponsored or DPH approved continuing education course in the care of the pregnant woman, may provide support services, education and counseling at routine prenatal visits. This does not include providing clinical services such as electronic fetal monitoring, non-stress tests or ultrasounds.
- Licensed practical nurses under the supervision of a registered nurse, who have completed a state sponsored or DPH approved continuing education course in the

care of the pregnant woman, may also provide support services within their scope of practice.

- In addition, other professionals appropriately licensed or certified may provide support services within their scope of practice. Those professionals may include:
  1. Social workers;
  2. Dietitians/Nutritionists;
  3. Lactation Consultants; or
  4. Childbirth Educators.

### **Other Special Requirements**

#### **A. Physician Offices**

A staff member of a contracted physician's private office, working in conjunction with the physician at the health department, shall meet the following requirements:

1. The staff member shall be a currently licensed professional, educated/trained to perform the designated functions in the health department.
2. The functions, which the individual performs, shall be clearly enumerated within the private physician's contract.

#### **B. Hospital Contracts**

Channels of communication shall remain open with hospitals and medical centers to assure that a higher level of care may be accessed when necessary. A contract for these services shall be initiated at that time. If a LHD establishes a contract with a hospital, the following considerations need to be observed.

1. The 803 allocation will **ONLY pay the provider** for services performed in the hospital (such as delivery, stand-in at delivery, newborn assessment) that are listed in the Administrative Reference approved list of Maternity Services.
2. The 803 allocation will **ONLY pay for services** provided in the hospital (such as ultrasounds, amniocentesis, labs, ect) that are listed in the Administrative Reference approved list of Maternity Services but unable to be performed in the health department or doctor's office.
3. The 803 allocation will **NOT pay** for the hospital room, supplies, nursing care, etc.

### **Special Equipment Requirements**

1. Facilities/Supplies/Equipment shall comply with ambulatory obstetrical care standards as specified in the current edition of Guidelines for Perinatal Care, developed through the cooperative efforts of the [American Academy of Pediatrics](#) and the [American College of Obstetricians and Gynecologists](#) Committee on Obstetric Practice.
2. The local health department shall ensure the necessary clinical equipment used in the on-site prenatal clinics is in proper working order and will provide basic screening tests as outlined in the PHPR, Section: General Information.

### **Service Description & Key Roles & Responsibilities of Health Department**

The 803 prenatal allocations shall only provide payment for services at the Medicaid rate. Payment for services to any provider shall be at the Medicaid rate or a lesser agreed upon amount. That payment is to be considered "payment in full" for the particular service; the patient shall not be billed for these services. **The provider shall bill the patient for any service not covered by the Prenatal Program as listed under Services (Arranged and Paid).**

### **Minimum Patient Responsibility**

- Show verification of completing the Medicaid application by providing a letter of denial or acceptance to the LHD. Failure to do so may remove the patient from the Prenatal Program and the patient shall be responsible for arranging and paying for all of her medical care, including the delivery and hospitalization.
- Apply for a medical card at any time during pregnancy that her family income decreases to the point that she may become eligible for one.
- Denial of Medicaid on the basis of "patient request" or failure to complete Medicaid application is **NOT** reason for qualifying for the Prenatal Program. Continuing the Medicaid application process to completion is required for outlay of funds by the Prenatal Program.
- Apply for an Emergency Medical Card for both the mother and child (a separate application for each) at the time of delivery.
- Be responsible for payment of any services not covered by the Prenatal Program.
- Keep all scheduled appointments possible. (If unable to keep an appointment, call and reschedule).
- Make every effort to follow all clinical counseling concerning tobacco, drugs and alcohol use, nutrition, exercise, and other medical management, in order to have a healthy baby.
- Contact the Health Department or go immediately to the emergency room, hospital labor and delivery (or MD's office), as instructed, if any sign of preterm labor or other complication should arise during the pregnancy.
- Attend prenatal classes, where available.
- Return to the Health Department for Postpartum/Family Planning services or to the private MD office.
- Return to the Health Department with infant for Well-Child care or to the private MD office for preventive health care for infant.

### **Maternity Services (Arranged and Paid) Include:**

1. All approved medical provider visits at the Health Department/MD office.
2. Routine prenatal laboratory tests:
  - Hemoglobin or Hematocrit
  - Blood type and Rh factor
  - Rh antibody titer
  - HBsAg
  - VDRL/FTA
  - HIV (with informed consent)
  - Rubella titer
  - Urinalysis
  - Urine culture (cc midstream)
  - Pap test
  - GBS screening at 35–37 weeks gestation
  - Maternal Serum Alpha Fetoprotein Screening (MSAFP) offered
  - Other pregnancy related laboratory test(s), as indicated by risk factors
3. Procedures:
  - 1 baseline ultrasound (15–20 weeks) to confirm EDC and exclude congenital anomalies, 2<sup>nd</sup> (or more) if medically indicated and documented (i.e., 32–34 weeks of gestation to assess fetal growth restriction for women at high risk),

- Non-stress tests, if medically indicated and documented for fetal well-being,
  - Contraction stress tests, if medically indicated for fetal well-being and documented,
  - Amniocentesis \*, if medically indicated and documented, and
  - Pelvimetry x-rays during labor, if indicated and documented.
- \* Note: Payment for chromosomal analysis is NOT covered.
4. Abnormal Pap test follow-up (Refer to the Cancer Screening Follow-Up section of the PHPR.)
  5. Medications:
    - Prenatal Vitamins/Folic Acid/Supplemental Iron (if indicated).
    - Insulin/Supplies for "Pregnancy Related" (Patients with Gestational Diabetes or Pregnancy- Induced need, but NOT previously Insulin-Dependent Diabetes Mellitus patients.)
    - Tocolytics for Prevention of Preterm Birth
    - Treatment of Vaginal Infections/Urinary Tract Infections
    - Other medication(s) only upon special approval.
  6. Delivery
    - Physician or Certified Midwife for normal vaginal delivery.
  7. Physician Services:
    - D & C for spontaneous abortion and for postpartum hemorrhage
    - Emergency Postpartum Hysterectomy
    - Treatment of Ectopic Pregnancy
    - C-section
    - Postpartum Sterilization, with appropriate consent
    - Anesthesia for essential surgeries previously listed
    - Stand-by at Delivery
    - Initial Hospital Newborn Exam
    - Problem Visit(s)/OB Consultation(s)
  8. Postpartum Visit
 

**Note:** Maternity Services Care DOES NOT provide:

    - Specialty Care beyond "consultation";
    - Treatment of pre-existing non-pregnancy related conditions;
    - Any test/procedure not related to the pregnancy, or
    - Any other service not listed in the above, except with prior approval.

# Newborn Screening Program

## **Laws, Regulations, Guidelines- KRS 214.155-**

The Cabinet for Health and Family Services shall operate a newborn screening program for heritable disorders that includes but is not limited to procedures for conducting initial newborn screening tests on infants twenty-eight (28) days or less of age and definitive diagnostic evaluations provided by a state university-based specialty clinic for infants whose initial screening tests resulted in a positive test. The secretary of the cabinet shall, by administrative regulation promulgated pursuant to KRS Chapter 13A:

This program administers the newborn screening for all infants born in Kentucky. All newborns in Kentucky are screened for metabolic conditions that can have serious adverse outcomes if untreated early in life. Early detection, diagnosis and treatment of children with these rare metabolic conditions may prevent a child's death, disability or serious illness. The system of newborn screening includes six components: patient and practitioner education, screening, short term follow-up, diagnosis, treatment and management, and evaluation. In the past four years, Kentucky's Newborn Screening Program has expanded from four conditions, ranking as one of the lowest in the nation, to the twenty-eight conditions recommended by the American College of Medical Genetics and the March of Dimes, and has expanded to forty-four conditions within the past year. This program assures follow-up of all abnormal screens for definitive diagnosis and treatment for inborn errors of metabolism and other disorders included on the newborn screen. Short term case management is carried out by program staff using the infant's primary care physician as the medical home to coordinate definitive diagnosis. The diagnostic testing may be completed by the primary care provider or by referral to tertiary care centers with medical and nutritional experts in the field of metabolic diseases. Educational materials are provided through this program to healthcare providers, parents, and the general public

## **Target Population- All infants born in Kentucky**

**Funding-**The Department for Public Health receives funding through fees charged to hospitals for initial newborn screening test.

**Special Requirements-** DPH staff has developed training for hospitals and others to update them on specimen collection and changes to the program available through TRAIN.

# Kentucky Oral Health Program

## Laws, Regulations, Guidelines

- **211.190 Public health services to be provided by the cabinet.**  
The cabinet shall provide public health services including: ....(11) Establishment, maintenance, monitoring, and enforcement of water fluoridation programs for the protection of dental health. **Effective:** June 20, 2005  
**History:** Amended 2005 Ky. Acts ch. 99, sec. 347, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 291, effective July 15, 1998. -- Amended 1994 Ky. Acts ch. 351, sec. 1, effective July 15, 1994. -- Amended 1974 Ky. Acts ch. 74, Art. VI, sec. 107(17); and ch. 308, sec. 39. -- Created 1954 Ky. Acts ch. 157, sec. 13, effective June 17, 1954.
- **902 KAR 115:010. Water fluoridation for the protection of dental health.**  
Directs the Cabinet for Human Resources to provide public health services that include water fluoridation programs for the protection of dental health. This administrative regulation sets forth the requirements for the programs.
- **KRS Chapter 13B** establishes a uniform procedure to be followed by administrative agencies in conducting agency hearings. The function of this administrative regulation is to establish, consistent with the requirements of KRS Chapter 13B, the procedures to be followed by the Department for Public Health in hearing appeals of actions taken under the public health laws of the Commonwealth.
- **902 KAR 115:020 Enforcement of Water Fluoridation Program**  
If the Cabinet for Health Services has reasonable grounds to believe that a violation of KAR 115:010 has occurred, it shall serve the alleged violator with a "Notice of Violation".
- There are no specific statutes or regulations which result in the existence of the Fluoride Supplement Program, KIDS SMILE: Fluoride Varnish Program or Kentucky Sealant Program; these programs would be included in the public health services provided by the cabinet.

## Target Population

There are no income requirements for recipients of services through the programs provided by the Kentucky Oral Health Program (KOHP). Specific information is provided for the following oral health programs:

- **Rural School Fluoridation Program**  
The purpose of this program is to provide fluoridated water, through an agreement between the school and the Kentucky Oral Health Program, to school children living in rural areas not served by a fluoridated water supply.
- **Community Fluoridation Program**  
The program assures Kentuckians have optimally fluoridated water through proper levels in their municipal water systems.
- **Fluoride Supplement Program**  
The program primarily serves children from 6 months through 6 years of age with drinking water from a non-fluoridated source (e.g. well, cistern, spring).



- **Kids Smile: Fluoride Varnish Program**  
The program serves infants and children from the eruption of their first tooth through age 5 years.
- **Kentucky Sealant Program**  
The program provides screenings and sealants to elementary children's teeth.

## Funding

- **Rural School Fluoridation Program:** State general funds.
- **Community Fluoridation Program:** State general funds
- **Fluoride Supplement Program:** State general funds.
- **Kids Smile: Fluoride Varnish Program:** Tobacco settlement funds.
- **Kentucky Sealant Program:** State general funds.
- **Grants Funding:**

Grant Name	Funding Source	Grant Period
Targeted States MCH Oral Health Service Systems (TOHSS) Grant Program	HRSA	9/01/07-8/31/11
Grants to States to Support Oral Health Workforce Activities	HRSA	9/01/09-8/31/12
Appalachian Regional Commission (ARC) Grants for Distressed Counties Oral Health Improvement through Local Coalition Development and Sustainability	ARC	9/01/09-8/31/10
Appalachian Regional Commission Grants for Distressed Counties Training for General Dentists in ARC Counties in Pediatric Technique	ARC	9/01/09-8/31/10

## Special Requirements

- **Staff/Provider Requirements**
  - State Dental Director: Kentucky licensed dentist with public health degree and/or public health experience.
  - Other staff requirements dependent of specific job duties.

## Training

- **Rural School Fluoridation Program**
  - There are no specific training requirements for program staff; however, KOHP fluoridation staff attends the Centers for Disease Control and Prevention's water fluoridation training.
  - State fluoridation staff train school personnel to perform fluoride water testing and procedures for sending the water samples to the Kentucky State Laboratory.



- **Community Fluoridation Program**  
KOHP fluoridation staff attended the Centers for Disease Control and Prevention's water fluoridation training. State fluoridation staff provide technical assistance and trouble-shoot problems at municipal waters systems as needed.
- **Fluoride Supplement Program**  
KOHP staff administering the Fluoride Supplement Program has attended the Centers for Disease Control and Prevention's water fluoridation training. Local health care providers (dentists, physicians and public health nurses) receive information current with the Centers for Disease Control and Prevention's guidelines regarding fluoride supplementation.
- **Kids Smile: Fluoride Varnish Program**  
The State Dental Director, a Kentucky licensed dentist, trains public health registered and licensed practical nurses with the KIDS SMILE: Fluoride Varnish curriculum and refresher fluoride varnish training. The curriculum for the fluoride varnish trainings includes: pediatric oral health screening, fluoride varnish application, providing an oral disease prevention message and making proper referrals to oral health professionals.
- **Kentucky Sealant Program**  
Licensed dentist/s provides a dental examination and applies sealants to elementary children's molars.

## **Reporting Requirements**

- **Rural School Fluoridation Program**  
School staff performs a fluoride test on school days and send one sample weekly to the state lab for testing. Additionally, school staff sends KOHP a copy of their Monthly Operating Report, with their daily test results, that are required to be submitted to the Division of Water.
- **Community Fluoridation Program**  
Water plants must submit two water samples monthly to a state certified laboratory. The KOHP staff also updates the CDC database, Water Fluoridation Reporting System (WFRS). Information entered into the WFRS is: yearly inspections, fluoridation changes of chemicals, personnel changes and updated population numbers for water plants.
- **Fluoride Supplement Program**  
Local health department staff enters information into the State Lab Outreach System (<http://www.psychesystems.com/netoutreachKSL/login.aspx>) prior to the water samples kits being provided to parents or guardians to submit to the State Lab for testing. When fluoride supplements are needed for children, the local health department staff enters fluoride supplement dispensing information into the State Lab Outreach System. The KOHP works with Central Data Processing to obtain monthly data for the fluoride supplement program.
- **Kids Smile: Fluoride Varnish Program**  
Local health department staff enters the fluoride varnish code, D1206, into the Patient Encounter Form. The KOHP works with Central Data Processing to obtain monthly data for the fluoride varnish program.
- **Kentucky Sealant Program**  
The Clinic Management System (CMS) is a tracking and reporting system designed to be used with the CDP Portal and will be implemented in local health departments.

## **Billing and Coding Procedures Specific to Program**

Billing and Coding Procedures follow those in the Preventive Medicaid Package for health departments for fluoride varnish activity. The Clinic Management System (CMS) generates billing through its reporting for the services provided by the contracted dentists in participating health departments.

## **Other Special Requirements**

- All programs dealing with water fluoridation follow state and federal (Centers for Disease Control and Prevention, Environmental Protection Agency) regulations and guidelines dealing with safe fluoride levels in drinking water.
- The Kentucky Oral Health Program follows all HIPPA guidelines and regulations.
- The Kentucky Oral Health Program follows grantor guidelines for administration and implementation of grants.
- The Kentucky Oral Health Program follows the Association of State and Territorial Dental Directors and Centers for Disease Control and Prevention Best Practices for dental care.

## **Program Specific Offerings**

### **• Rural School Fluoridation Program**

The purpose of this program is to provide fluoridated water to school children living in rural areas not served by a fluoridated water supply. Schools voluntarily participating in the program receive equipment to add fluoride to the school's water supply.

### **• Community Fluoridation**

In Kentucky, fluoridation is mandatory (KRS 211.190; KAR 902 115.010) for community water supplies serving a population of 1,500 or more. Community water supplies serving a population of less than 1,500 may voluntarily fluoridate. In 1994, KOHP became responsible for the enforcement of fluoride regulations. Program staff works closely with water plants through monitoring and technical assistance.

### **• Fluoride Supplement Program**

The program primarily serves children from 6 months through 6 years of age with drinking water from a non-fluoridated source (e.g. well, cistern, spring). The local health department or private provider will supply a water testing kit to determine if the water is low in fluoride and if a fluoride supplement may be required. There is no cost to the families or providers to participate in this program because the testing supplies and fluoride supplements are provided free of charge.

### **• Kids Smile: Fluoride Varnish Program**

The Kids Smile: Fluoride Varnish Program trains local health department nurses to provide oral health screenings for infants and children from the eruption of their first tooth through age 5 years; application of fluoride varnish to primary teeth of children; referrals as needed for the child and oral health education messages to the parents or guardians of children participating in the program. Fluoride varnishes are primarily used as a decay prevention therapy for pediatric patients and persons at a high-risk for tooth decay.

### **• Kentucky Sealant Program**

Sealants are thin, plastic coatings painted on the chewing surfaces of the back teeth to prevent dental decay in the permanent molars of elementary school children's teeth. Local health departments use various configurations of personnel to conduct this program: hire their dental staff for the local health department to provide screenings and

sealants to elementary children's teeth; contract with a local dentist to provide screening and sealant services or enlist volunteer dental personnel to adopt a school for yearly screenings and sealant applications.

- **Oral Health Education**

Oral health education efforts include current oral health materials, public and professional education presentations and events, a website and participation with community partners.

- **Oral Health Coalitions**

The KOHP will assist local coalitions researching and determining the attitudes, beliefs and barriers to oral health. This is an essential step to an effective coalition that will directly meet the oral health needs of the community's stakeholders, including the unserved and underserved. The Kentucky Oral Health Program staff will provide technical assistance in determining and implementing the strategies, and will attend coalition meetings in order to provide assistance as needed. The KOHP will work with the coalitions in developing their strategies, goals, timelines, and work plans.

### **Program Specific Requirements**

- The KOHP abides by the uniform procedure to be followed by administrative agencies in conducting agency hearings and the procedures to be followed by the Department for Public Health in hearing appeals of actions taken under the public health laws of the Commonwealth.

### **Special Equipment Requirements**

- KOHP staff and the schools employees require fluoride testing equipment (fluoride tester & reagent) for the Rural School and Community Fluoride Programs. Field staff carries spare testers and fluoridation equipment (pumps, saturators, sodium fluoride and flow switches) which are used for school fluoridation and some voluntary community water plants.
- The KOHP provides storage for educational materials, fluoride supplements, forms and water sample kits in the KOHP's office space.
- Local health departments provide storage for fluoride supplement materials, water sample kits, sealant materials and fluoride varnish supplies at the local health departments.

### **Service Description & Key Roles & Responsibilities of Health Department**

- **Fluoride Supplement Program:**

The local health department staff would be responsible for completing the questionnaire and consent for fluoride supplement program, dispensing water test kits as needed, following up with water test results, contacting the child's parent or guardian regarding water test results, educating parents or guardians regarding fluoride supplements, dispensing fluoride supplements, entering fluoride supplement data into the State Lab Outreach System (<http://www.psychesystems.com/netoutreachKSL/login.aspx>), ordering fluoride supplement supplies as needed and storing fluoride supplement supplies and forms.

- **Kids Smile: Fluoride Varnish Program:**

Local health departments are responsible for scheduling fluoride varnish training for public health nurses, providing space and time for the nurses to provide dental screening, fluoride varnish application and referrals as needed for the child and education to the parents or guardians. Staff is responsible for ordering fluoride

varnish supplies as needed. Staff is responsible for entering fluoride varnish data on the PEF and Clinic Management (CMS) System.

- **Kentucky Sealant Program:**

Local health departments use various configurations of personnel to conduct this program: hire their dental staff for the local health department to provide screenings and sealants to elementary children's teeth; contract with a local dentist to provide screening and sealant services or enlist volunteer dental personnel to adopt a school for yearly screenings and sealant applications.

### **Minimum Patient Responsibility**

Parents or guardians of local health department patients are responsible for keeping appointments; placing water to be tested into the test tube and mailer, placing mailing labels on the mailer containing the water sample submitted for testing, and follow-up as required by the water test results. When a water test result indicates a need for fluoride supplementation, parents or guardians of the child are responsible for following directions for providing fluoride supplements to the child, refilling supplements and continuing as needed, and providing the fluoride supplements per local health department nurses' instructions.

- Parents or guardians are responsible for bringing the child to scheduled appointments for fluoride varnish screenings and applications and sealant dental exam and sealant application. Parents or guardians are responsible for following directions provided by dental health providers and public health nurses.

### **Services (Arranged and Paid) Include:**

- **Rural School Fluoridation Program:** None
- **Community Fluoridation Program:** 2.5 employees are paid thru local health departments with general funds.
- **Fluoride Supplement Program:** None
- **Kids Smile: Fluoride Varnish Program:** Contract with University of Kentucky for purchase, storage, assembly and dissemination of fluoride varnish kits and teaching materials and data related to these tasks.
- **Kentucky Sealant Program:** MOA to local health departments participating in the Kentucky Sealant Program.

# Reportable Diseases Section

## Laws, Regulations, Guidelines

The Reportable Diseases section and Surveillance falls under, the Division of Epidemiology and Health Planning, Infectious Diseases Branch and is mandated by various sections of KRS 211 and KRS 214 and regulated by the Kentucky Disease Surveillance Administrative Regulation, 902 KAR 2:020, Disease surveillance, which contains the case definitions found in the Reportable Diseases Desk Reference.

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), EO 2004-72

The Reportable Diseases section and surveillance has the responsibility of executing the statutory mandates regarding the reporting, surveillance, prevention and control of the spread of reportable diseases. These responsibilities are accomplished through the cooperative efforts of hospital infection control personnel, physicians, local health departments (LHD), the Kentucky Division of Laboratory Services (KDLS) and other health care providers.

## Target Population-

Kentucky residents or others that have been identified as having a suspect, probable or confirmed reportable disease or part of an outbreak.

## Funding

State General Funds

CDC grants

- Epidemiology and Laboratory Capacity (ELC) Grant
- Healthcare Associated Infections Program (HAI)
- Adult Viral Hepatitis Program Coordinator Program (AVPHC)
- TB Program
- STD Program
- Immunization Program

No direct funding is provided for Reportable Diseases section.

## Special Requirements:

### Training requirements:

All users of the electronic Disease Surveillance Module (DSM) system are to have training in its use.

All LHD/state staff involved in outbreak investigation should attend an annual Epidemiology Rapid Response training (ERRT) and an ERRT conference offered by the KDPH.

## Reporting Requirements

Cases should be reported to LHD or Reportable Diseases section by laboratories, physicians or other health care providers. The LHD should report by entering the case into the Disease Surveillance Module (DSM). For cases that are not reported via the electronic system (DSM) an EPID 200 report form is to be used following the time frames outline in the regulation or on the back of the EPID 200 form.

**NOTE: HIV/AIDS/TB/STD:** cases are not entered into the DSM system.

**HIV/AIDS:** has its own reporting form.

**Billing and Coding Procedures Specific to Program**

There is **no** funding code for Reportable Diseases. There is however a 152 function code that should be used by local health department nurses for time used for investigating or reporting cases of reportable diseases. Other reportable diseases sections such as immunizations, STD, TB, etc., have their own funding codes. HIV/AIDS is listed in the reportable disease administrative regulation, 902 KAR 2:020 Disease surveillance however is a branch unto itself with its own funding mechanisms and codes.

# Children Ready to Read for Health/Reach Out and Read (ROR)

## Laws, Regulations, Guidelines:

Kentucky Children Ready to Read for Health/Reach Out and Read (ROR)  
275 E. Main St. HS2W-A  
Frankfort, KY 40621  
Phone: (502) 564-2154  
Fax: (502) 564-5766  
KY Initiative Coordinator: Dr. Donna Grigsby @ [donna.grigsby@insightbb.com](mailto:donna.grigsby@insightbb.com)

## Target Population:

- Parents and children ages 6 months to 5 years of age, with a special focus of children growing up in poverty.

## Funding:

- The Children Ready to Read for Health/ROR program in Kentucky is supported by the state as a component of the Kids Now Early Childhood Initiative and received funding in the amount of \$230,000 in FY09/10.

## Special Requirements:

- In order for a site to be considered for inclusion and funding in the program by the National Center for Reach Out and Read, the site must serve a significant number of impoverished children and many sites are in health department clinics serving children and families with Medicaid or who are uninsured.
- New sites must be able to demonstrate the ability to fund 75% of their book budgets before they can be approved by the National Center. Currently with the Kids Now monies, the program has been providing the 75% to help establish these new sites.
- Existing sites must be able to demonstrate 50% of their book budgets. Currently the Kids Now monies, the program has been providing this 50%.
- When sites have provided the National Center with 2 progress reports (every 6 months) sites will received sustainability funding by way of receiving books from the National Center.
- Book budgets are based on the number of Well Child Checks in a 6 month period per report to the National Center.

## Training:

- KY ROR information and application process has been sent via email to Local Health Department Directors with an invitation for ROR startup program; the AAP literacy toolkit was included in the email. For more information for starting a ROR program, please contact KY Initiative ROR Coordinator Donna Grigsby, M.D. at [donna.grigsby@insightbb.com](mailto:donna.grigsby@insightbb.com).
- When a site has been approved by the National Center, training can be completed with the online training program, or with a training DVD, or can be provided by the Initiative Coordinator for pediatric health care providers including local health departments, pediatricians, Family Practice providers and their nurses. Parents are given guidance



about reading aloud to their children and by providing developmentally appropriate books to take home at each pediatric Well Child visit from 6 months to 5 years.

- Ongoing technical support and biennial site visits are required by the National Center for Reach Out and Read by the Initiative Coordinator and are currently scheduled as help is needed.

**Reporting Requirements:**

- The sites are required to report Well Child visits and books distributed to National Center for Reach Out and Read every 6 months.

**Billing and Coding Procedures Specific to Program:**

- Sites are provided with a book budget based on the number of Well Child visits in a 6 month period per report to the National Center.
- Funds may be placed in a Scholastic account for the approved site, and sites will order directly from Scholastic Inc. for their needed books or used to purchase books from other companies.

**Other Special Requirements:**

- N/A

**Advisory Council Requirement:**

- Kentucky Reach Out and Read Advisory Committee includes the Initiative Coordinator, Pediatricians, most of which were involved with establishing the original BookStart Program housed in Louisville, KY, Nurses, ARNP's, KET Early Childhood Coordinator, and representatives from the KY Children Ready to Read for Health/ROR.
- Services and policies designed to establish programs to meet the needs of the impoverished areas of the Commonwealth of Kentucky are discussed.

**Key Stakeholders in the Children Ready to Read/Reach Out and Read program include:**

- KIDS NOW Early Childhood Development Authority
- Local Health Departments Well Child programs, Pediatric practitioners, Family Practice practitioners and clinics.
- Local School Districts Well Child clinics that provide preventive health care services to school age children.
- The College of Medicine, Department of Pediatrics at the University of Kentucky and the University of Louisville.
- The National Reach Out and Read Partnership
- Established early literacy programs in some areas of the state
- Scholastic Inc.

**Services Description and Key Roles and Responsibilities of Health Department:**

- Offer parents guidance about reading aloud to their children and provide developmentally appropriate books to take home at each pediatric Well Child visit from 6 months to 5 years.
- Sites are to report to the National Center for Reach Out and Read the number of Well Child visits and number of books distributed in a 6 month periods (2 reports/yr.



# **School Health: Clinical**

## **Laws, Regulations, Guidelines**

School Health clinical services are one of the eight components comprising coordinated school health services. "Health Services" as defined in KRS 156.502 means the provision of direct health care, including the administration of medications; the operation, maintenance or health care through the use of medical equipment; or the administration of clinical procedures. "Health services" does not include first aid or emergency procedures. KRS. Chapter 11, 156.502 further states that health services shall be provided within the health care professional's current scope of practice, in a school setting by a physician, licensed under the provision of KRS 311; ARNP, RN or LPN licensed under the provisions of KRS 314 or a school employee who is delegated responsibility to perform the health service by a physician, advanced registered nurse practitioner, or registered nurse. KRS Chapter 11, 156.501 states that the Kentucky Department of Education shall provide leadership and assistance to school districts relating to school health services. The department, working in cooperation with the Department for Public Health, shall provide, contract for services, or identify resources to improve student health services.

## **Target Population**

School aged and adolescent children up to age 21.

## **Funding**

PSBG, Federal MCH Block Grant, State and General funds, and contracts with schools.

## **Special Requirements**

### **Staff/Provider Requirements**

School Health services are provided by nurses for clinical and nursing functions through contracts with local schools/districts. Other contracted staff as appropriate may include Health Educators, Dietitians, Nutritionists, and support staff.

### **Training**

Nurses are required to obtain in the first six months of hire Adult, Child and Infant CPR, First Aid and AED (when applicable) and maintain certification status as required.

Nurses are required to attend the Kentucky School Nurse Association Orientation for New School Nurses.

Nurses are required to take the Medication Administration, "Train the Trainer" Program if they delegate medication administration to unlicensed school personnel. This is recommended for all DPH contracted school nurses.

Nurses are required to complete all trainings required in the PPHR for specific services.

Nurses are encouraged to participate in the Kentucky School Nurse Association and the National Association of School Nurses.

## **Reporting Requirements**

Reporting of client information is collected through the Patient Services Reporting System (PSRS). The system supports 10 appointment scheduling; 2) assessment of income and appropriate billing of client and third party payors; and 3) patient encounters.

Community Health Services Report and Kentucky Department of Education reports are required.

### **Billing and Coding Procedures Specific to Program**

Billing and coding procedures are to follow local health department policies and procedures for clinical services and according to services stated in contract with the school or school district.

Financial eligibility for the well child program and regional pediatrics program shall be based on the 185 percent of the current federal Poverty Income guidelines.

Persons meeting additional eligibility requirements and whole family income is at or below 185 percent of the federal poverty level is eligible for the services of the programs.

Any Medicaid eligible child is eligible for EPSDT screening under the age of 21.

### **Other Special Requirements**

In compliance with Federal Regulation all services of local health departments shall be conducted in a manner that no person will be excluded from participation in , be denied the benefits of, or otherwise be subjected to discrimination on the grounds of race, color, disability, national origin, sex, age or religion.

Providers shall comply with the Americans with Disabilities Act and any amendments, rules and regulations of this act.

### **Program Specific Offerings**

An annual school health issues update is offered with continuing education units for school nurses.

The Kentucky School Nurse Association offers annual school nurse conferences for continuing education units.

### **Special Equipment Requirements**

Providers shall be located in a facility that is constructed, equipped and maintained to insure the safety of the children and provide a functional, sanitary environment. The area utilized during the screening examination shall provide adequate privacy. The provider shall have the necessary equipment, in proper working order, to provide the basic screening tests outlined in the PHPR and as stated in the contract with the school or school district.

### **Service Description & Key Roles & Responsibilities of Health Department**

Participating providers shall provide medical practice standards recommended by the American Academy of Pediatrics (Bright Futures).

The Kentucky Department of Education Health Services Reference Guide/guidelines and the National Association of School Nurses guidelines/recommendations are to be utilized when school health services are provided that are not included in the PHPR. Practice guidelines should be consistent either with the American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted Organizations of registered nurses. [KRS 314.011 (6) (e).]

Each satellite clinic site shall have a governing body, legally responsible for the conduct of the clinic, which designates a director or supervisor and establishes administrative and clinical policies.

Screening satellite clinic sites shall be conducted under the direction of a registered professional nurse and shall have a physician licensed in Kentucky acting as a medical consultant.

Administrative policies shall outline who is to conduct each test and include procedures for the initial contact, follow-up contacts, maintaining patient records and transfer of information from one provider to another. A copy of this shall be retained in the provider's files. All abnormal screening results shall be discussed in understandable terms to the child, parent or guardian and either treated or referred by the screener for further assessment, diagnosis, and treatment to the appropriate health care professional.

**Minimum Patient Responsibility**

Local health department guidelines shall be followed for satellite clinics in the school setting. Client or parent/guardian of client are expected to schedule or maintain scheduled appointment for any recommended follow-up or referral.

## School Health: Coordinated

The Coordinated School Health (CSH) initiative at the Kentucky Department of Education (KDE) and the Kentucky Department for Public Health (KDPH) is funded by a grant from the CDC Division of Adolescent and School Health for improving Health and Educational Outcomes of Young People. The state CSH strategic plan includes these long range goals:

**Goal I:** To increase the capacity of schools, districts, and communities to promote and support healthy behaviors and choices in school-aged youth through CSH Programs (CSHP).

**Goal II:** To increase the capacity of schools, districts, and communities to reduce health disparities among school aged youth at disproportionate risk for chronic diseases, HIV, sexually transmitted infections and unintended pregnancy.

A CSHP at the school level is an organized set of programs, policies and activities. This coordinated model consists of assessing the school environment, having a school health or wellness team and developing an action plan. The group works together on these components:

- Health education
- Physical education & other physical activity opportunities
- Nutrition services
- Health services
- Counseling & psychological services
- School health & safety policies & environment
- Family & community involvement
- Health promotion for staff

Six priority health-risk behaviors of youth contribute to the leading causes of illness and death by our youth. These six priority health-risk behaviors are monitored in Kentucky by the Centers for Disease Control and Prevention (CDC) through the Youth Risk Behavior Survey (YRBS).

These behaviors are all preventable:

- Alcohol & drug use
- Injury & violence (including suicide)
- Tobacco use
- Unhealthy dietary behaviors
- Physical inactivity
- Sexual risk behaviors

YRBS data can be used to describe risk behaviors, create awareness, set program goals, develop programs and policies and as a data source for grant writing. When schools, families and the community work together to support positive youth development, risk behaviors are reduced and student's health and academic achievement are promoted. CSHPs provide the frame-work for creating these essential linkages.

The CSH Team at the KDE and KDPH are available to provide the following to schools, districts and their community partners:

- Professional development
- Technical assistance
- Resources

- Data related to CSH

Contacts: Victoria Greenwell, KDPH, Coordinated School Health 502-564-2154 x3588  
Barbara Donica, KDE, Coordinated School Health 502-564-2706  
Stephanie Bunge, KDE Coordinated School Health 502-564-2706

# STD Control Program

## Laws, Regulations, Guidelines

RELATES TO: KRS 211.180, 214.010, 214.160, 214.170, 214.185, 214.420, 42 U.S.C. 263a

STATUTORY AUTHORITY: KRS 194A.050, 211.090

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180 requires the Cabinet for Health and Family Services to implement a statewide program for the detection, prevention and control of communicable diseases and to adopt regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. This administrative regulation establishes uniform procedures for the diagnosis, treatment, prevention and control of sexually transmitted diseases (STD).

### Section 1: Definitions

- (1) "Certified or Accredited laboratory" means a laboratory that has been:
  - (a) Issued a laboratory license from the state of Kentucky; or
  - (b) Evaluated and certified or accredited by one (1) of the following regulatory agencies:
    1. The Joint Commission;
    2. The College of American Pathologists (CAP);
    3. The Centers for Medicare and Medicaid Services (CMS); or
    4. The Commission on Office Laboratory Accreditation (COLA)..
- (2) "Certified or approved serology test" means the Venereal Disease Research Laboratory Slide Test (VDRL) or rapid plasma reagin (RPR) 18 mm circle card test or other Food and Drug Administration (FDA) approved test performed in accordance with the directions of the manufacturer.
- (3) "Midlevel health care practitioner" means a health care professional who meets the requirements of KRS 216.925(1).
- (4) "Reasonably suspected of being infected with a sexually transmitted disease" means any person named in a controlled interview with a second person infected with an STD, as a sexual contact of that second person within the incubation period for the STD, or who has a laboratory test result consistent with an STD infection.
- (5) "Sexually transmitted diseases" or "STD" means syphilis, gonorrhea, chancroid, granuloma inguinale, genital herpes, human immunodeficiency virus (HIV) infection, nongonococcal urethritis, mucopurulent cervicitis, chlamydia trachomatis infections including lymphogranuloma venereum, and human papillomavirus (HPV).
- (6) "Sexually transmitted diseases for which a treatment exists to render them noninfectious" means syphilis, gonorrhea, chancroid, granuloma inguinale, nongonococcal urethritis, mucopurulent cervicitis and Chlamydia trachomatis infections including lymphogranuloma venereum.

### Section 2: Medical Examination and Treatment of Sexually Transmitted Diseases for Which a Treatment exists to render them Noninfectious.

- (1) Any person infected with, or reasonably suspected of being infected with, a sexually transmitted disease shall undergo such medical examination as is necessary, including such laboratory testing procedures deemed advisable by the examining physician to reasonably determine the existence or nonexistence of the diagnosed or suspected sexually transmitted disease.

- (2) If there is the potential that the person is incubating the disease, he shall undergo such treatment or follow-up as may be determined adequate by the examining physician to render the person noninfectious or to prevent the onset of disease.
- (3) This section shall apply only to sexually transmitted diseases as defined by Section 1(4) of this administrative regulation.

### Section 3: Investigation and Enforcement.

- (1) Only authorized personnel of the Cabinet for Health and Family Services and local health departments assigned to sexually transmitted disease control activities are empowered to carry out the prevention and control provisions set forth in this administrative regulation.
- (2) Their duties shall include the investigation of persons known to be or reasonably suspected of being infected with a sexually transmitted disease.
- (3) Such authorized personnel are empowered to direct that medical examinations, including laboratory tests, be conducted on persons reasonably suspected of having a sexually transmitted disease.
- (4) This section shall apply only to sexually transmitted diseases as defined by Section 1(4) of this administrative regulation.

### Section 4: Certified or Accredited Laboratories for Tests.

- (1) The laboratory shall hold certification or accreditation for performing tests for syphilis, in compliance with KRS 214.160.
- (2) The laboratory shall have as its director a physician licensed to practice medicine in Kentucky or a person who meets the requirements set forth in 902 KAR 11:030, Sections 1(4)(f) or 1(6).
- (3) A certified or accredited laboratory shall maintain performance that meets the requirements of the Clinical Laboratory Improvement Amendments (CLIA), 42 U.S.C. 263(a), or the laboratory's certifying or accrediting body regulations for syphilis and other sexually transmitted disease testing.
- (4) All certified or accredited laboratories shall fully comply with all state and federal laws, including 42 U.S.C. 263a, and the rules and administrative regulations of the Cabinet for Health and Family Services.

### Section 5: Requirements for Reporting STD to Public Health.

- (1) Midlevel health care practitioners and physicians shall report STD cases as set forth in 902 KAR 2:020.
  - (a) Cases shall be reported to the local health department or the Division of Epidemiology, Department for Public Health using the form EPID 200, Kentucky Reportable Disease Form, prepared and furnished by the Cabinet for Health and Family Services or a computer-generated facsimile with the same data fields listed.
  - (b) Midlevel health care practitioners shall report cases of primary, secondary, early latent, and congenital syphilis not later than twenty-four (24) hours after diagnosis.
  - (c) Cases of other types of syphilis or other reportable STD shall be reported within five (5) business days after diagnosis.
- (2) Hospitals and institutions may conduct their own testing program within the institution or through a licensed medical laboratory.
  - (a) Hospitals and institutions that conduct their own testing program or contract with a licensed medical laboratory shall report positive test results within twenty-four (24) hours of testing to the attending physician or health care provider and shall report positive test results for primary, secondary, early latent, and congenital syphilis to the

- local health department or the Division of Epidemiology, Department for Public Health not later than twenty-four (24) hours after being processed by the laboratory.
- (b) Positive test results for other types of syphilis and other STD should be reported to the local health department or Division of Epidemiology, Department for Public Health within five (5) business days.
  - (c) The obligation of hospitals and institutions that may conduct their own testing program within the institution or through a medical laboratory to report positive/reactive STD tests shall not supersede these reporting requirements for physicians or other midlevel health care practitioners.
  - (d) Reports to the Department for Public Health shall be submitted on the form EPID 240, Report of Positive/Reactive Test for STD, prepared and furnished by the Cabinet for Health and Family Services or a computer-generated facsimile with the same data fields listed.

#### Section 6: Incorporation by Reference.

- (1) The following material is incorporated by reference:
  - (a) "EPID 200, Kentucky Reportable Disease Form", edition 5/06; and
  - (b) "EPID 240, Report of Positive/Reactive Test for STD", edition 1/92.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Division of Laboratory Services, 100 Sower Boulevard Suite 204, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. (VD-1-1; 1 Ky.R. 189; eff. 12-11-74; Am. 4 Ky.R. 334; eff. 5-3-78; 11 Ky.R. 1918; 12 Ky.R. 343; eff. 8-13-85; 16 Ky.R. 667; 1188; eff. 11-22-89; 33 Ky.R. 3295; 34 Ky.R. 35; eff. 8-6-2007.)

### Target Population

- Priority for services will be those who have been infected with Chlamydia, gonorrhea, and syphilis, and those who have been exposed above mentioned STDs.
- The special priority will be given to pregnant females and those who are dually diagnosed with syphilis and HIV.
- Those who are engaged in high risk behaviors, such as exchange of sex for drugs or money, risky MSM behaviors, and other risky behaviors will be considered as target population as well.

### Funding

- The Department for Public Health, delegates federal funds to local health departments through Memorandum of Agreement. The state funds allocated to the STD program is utilized to supplement certain salaries of state employees and to purchase condoms for local health departments.

### Special Requirements

#### *Staff/Provider Requirements*

- The STD services shall be provided under the general direction of a physician with background in reproductive health or other related expertise.



- A physician, advanced registered nurse or registered nurse with appropriate training shall provide medical services.
- Health professional staff, including Disease Intervention Specialist with knowledge of STDs and reproductive health may provide counseling and education to a client.

### **Reporting Requirements**

- All reportable STDs shall be reported to the state using EPID 200.
- All reports of early syphilis shall be reported to the state STD program within 24 hours.
- All other syphilis and STDs shall be reported to the state program within 5 business days.

### **Other Special Requirements**

- All information as to personal facts and circumstances obtained by the staff about individuals receiving services must be held in confidential manner and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by the law, with appropriated safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

### **Program Specific Offerings**

- Registered Nurses seeking to provide STD screenings at their respective facility must first complete as a prerequisite the Department for Public Health's: a.) Breast and Cervical Cancer Program Assessment, b.) The corresponding preceptorship, c.) the Adult Preventive Assessment Trainings. d.) The corresponding preceptorship.
- STD clients identified as needing mid-clinician or higher level STD services such as anoscopic exams, or wet mounts must be referred to the MD/ARNP.
- Each local health department shall establish and maintain medication guidelines (i.e. standing orders) for Expanded Role RNs to follow. These guidelines shall be written and developed in accordance to the Public Health Practice Reference (PHPR) "Protocols" (PHPR, Vol. 1, Protocols Section).

# TB Prevention and Control Program

## Laws, Regulations, Guidelines

Kentucky regulations KRS 215: 511-600 provide guidance relating to tuberculosis (TB) prevention and control.

- KRS 215. 540 TB Control Law, Declares that a person diagnosed with active TB disease has a legal duty and responsibility to take precautions to prevent the spread of disease.
- KRS 215.531 states that every physician shall order drug susceptibility testing on initial isolates from all patients with active TB disease.
- KRS 215. 540-580 provides guidelines for acting upon recalcitrant patients.

Kentucky administrative regulation 902 KAR 2:020 states that tuberculosis is to be reported to the local or state health department within one business day.

Kentucky administrative regulation 902 KAR 2:090 states that the department shall authorize a local health department to test first time enrollees in a school within its jurisdiction, if it submits to the department the specified documentation:

- Documentation of continued transmission of at least two (2) years duration of a multidrug resistance pattern, or more virulent strain, of *Mycobacterium tuberculosis*; or
- Laboratory analysis that documents transmission, whether in consecutive or nonconsecutive years, of a multidrug resistance pattern, or more virulent strain of *Mycobacterium tuberculosis*; or
- A documented outbreak of at least two (2) years duration

Kentucky administrative regulations 902 KAR 20:016-200 provide TB screening guidelines for various facilities, such as hospitals, long term care facilities, personal care homes, and adult day health facilities.

## Target Population General Population

Finding and managing persons who have or who are suspected of having TB and ensuring completion of therapy. Finding and evaluating contacts of active TB patients and ensuring completion of appropriate treatment. Targeted tuberculin testing of persons in at risk groups and ensuring completion of treatment for latent tuberculosis infection (LTBI).

## Funding

TB program funding is provided through the Centers for Disease Control and Prevention (CDC) Tuberculosis Elimination and Laboratory Cooperative Agreement and state general funds.

- These funds are to support population-focused TB prevention and control strategies. It is acceptable for a portion of the funds to be utilized for individual clinic services; however the services should be directly related to TB.
- Federal TB dollars are to be used for prevention efforts; to support personnel; and to purchase equipment, supplies, and services directly related to project activities. Federal TB funds should not be used for the purchase of medications, inpatient care, or construction of facilities.

## Special Requirements

### Staff/Provider Requirements

- A physician knowledgeable in the field of mycobacterial diseases shall provide care. They shall agree to update themselves through professional meetings, consultations, and review journal articles. This must be a component of any local health department (LHD) contract for TB clinician services.
- Each LHD shall have a designated TB Coordinator responsible for tuberculosis services in their county. The TB coordinator should be a registered nurse. This person must attend periodic TB updates or keep updated by having the latest educational and scientific materials for the prevention and control of TB from CDC, American Thoracic Society, and American Lung Association.
- Outreach workers are recommended in areas of high prevalence.

### Training

- Orientation for all new hires (TB Coordinators and support staff) who have the potential to be involved in TB prevention and control services shall include the following:
  - CDC Self Study Modules on Tuberculosis (Modules 1-5, 2008)  
(Modules 6-9, 2000)
  - CDC MMWR Treatment of Tuberculosis, June 20, 2003, Vol. 52, No. RR-11
  - CDC MMWR Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December 30, 2005, Vol. 54, No. RR-17. Errata 10/11/2007
  - CDC MMWR Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, June 9, 2000, Vol. 49, No. RR-6
  - CDC MMWR Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis, December 16, 2005, Vol 54, No. RR-15.
- Orientation shall be completed according to the following schedule:
  - For nurses and outreach workers whose duties are strictly related to tuberculosis these training requirements should be completed within 90 days of employment.
  - For TB Coordinators whose responsibilities include other areas beyond TB and for those staff nurses that may work in the LHD TB program this training requirement should be completed according to the incidence of TB in the community.
    - If 1 case or more of active TB has been identified in the county, in each year of the last five years – complete within 6 months of employment.
    - If 1 case or more of active TB has been identified in the county in some of the last five years, but not each year– complete within 9 months of employment.
    - If zero cases of active TB have been identified in the county in the last five years – complete the requirements within 12 months.

### ***Recommended Training***

- Recommended trainings include:
  - CDC MMWR Controlling Tuberculosis in the United States, November 4, 2005, Vol 54, No. RR-12
  - Attendance at national, state, and regional TB seminars
  - CDC Interactive Core Curriculum on Tuberculosis: What the Clinician Should Know.

### **Reporting Requirements**

Kentucky disease surveillance requires priority notification of TB cases. Upon recognition, a confirmed or suspect TB case is to be reported to the local or state health department within one business day. The LHD shall report confirmed or suspect TB cases to the Department for Public Health, TB Prevention and Control Program (TB Program), within one business day of notification.

Upon confirmation of a confirmed case, the LHD will be responsible for sending to the state TB Program the following forms:

- **Report of verified Case of Tuberculosis (RVCT)** (*CDC 72.9 A*)
- **Follow Up 1 – Initial Drug Susceptibility** (*CDC 72.9 B*)
- **Follow Up 2 – Case Completion** (*CDC 72.9 C*). This form should be sent to the state TB program upon completion of TB treatment.

The contact investigation roster (TB-2) should be completed on all initiated contact investigations. A copy of the contact investigation roster should be sent to the state TB program 30 days after initiating the contact investigation.

The contact investigation summary (TB CI 1) should be completed and sent to the state TB program within 30 days of initiating the contact investigation.

LHDs are notified of TB classified immigrants and refugees (Class A or Class B1, B2, or B3) that require a medical evaluation for TB be completed within 90 days of arrival. Follow-up information regarding the date the medical evaluation was initiated and completed, tests performed, and the final diagnosis should be documented on the follow-up form and submitted to the state TB Program upon completion of the evaluation.

LTBI cases should be reported to the state TB Program using the TB-1 LTBI reporting form. Upon completion of therapy for LTBI the TB-1 form should be re-submitted to the state TB Program with updated completion of therapy information.

### **Billing and Coding Procedures Specific to Program**

Inability to pay shall not be a barrier to service.

Patient fees charged for self-pay patients:

A nominal fee up to five (5) dollars shall be charged for Communicable Disease Services. 902 KAR 8:170 Section 3, Use of receipts.

Secondary ICD-9 codes TB000 – TB026 are provided to identify the reason for administering a tuberculin skin test, (TST).

- TB000 Screened. TST not needed.
- TB011 Close contacts of a person known/suspected to have TB symptoms.

- TB012 Foreign-born persons from areas where TB is common or persons who travel to these areas.
- TB013 Residents and employees of Correctional institutions
- TB014 Residents and employees of Nursing Homes
- TB015 Residents and employees of Mental Institutions
- TB016 Residents and employees of Other Long-Term Residential Facilities
- TB017 Residents and employees of Homeless Shelters
- TB018 Employment
- TB019 Health Care Workers who serve high risk clients
- TB020 Medically underserved, low income populations as defined locally
- TB021 High-risk racial or ethnic minority populations
- TB022 Infants, children exposed to adults in high-risk categories
- TB023 Persons who inject illicit drugs or substance abusers
- TB024 Persons with HIV infection
- TB026 Certain Medical Conditions

### **Program Specific Requirements**

There are three parts to a successful TB program that each local health department should implement. The components of the program include surveillance, prevention, and control.

#### **Surveillance**

- Passive: The local health department should implement efforts to make sure private providers, hospitals, and pharmacies are aware of and understand state reporting regulations. Ensure all LHD personnel are aware of reporting guidelines.
- Active: Targeted tuberculin testing among high risk populations. The 2000 CDC Guideline for "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection" describes targeted tuberculin testing as a strategic component of TB control that identifies persons at high risk for developing TB who would benefit by treatment of LTBI, if detected.

#### **Prevention**

- Each local health department should actively pursue prevention activities by raising community education and awareness. Activities should be implemented annually to complete the following objectives.
  - Provide TB in-services to 90% of local nursing homes or assisted living communities.
  - Collaborate with hospital infection control staff to coordinate prevention activities and reporting strategies.
  - Provide TB education to the community once per quarter.
  - Provide TB education targeted toward transient population twice per year.
  - Provide TB education targeted toward foreign-born populations twice per year.
- The objectives should be fulfilled according to the completion scale that is published in the budget and community plan instructions for cost center 806. Suggested activities to fulfill these objectives are published in the community plan instructions.

#### **Control**

- Each independent and district health department shall have a TB Coordinator responsible for TB prevention and control efforts in the LHD and community.

- Each LHD should have a contracted clinician knowledgeable in the care and treatment of tuberculosis.
- Each independent and LHD should have a documented TB exposure control plan in place. The exposure control plan should include respiratory protection guidelines, treatment guidelines, and environmental controls.

### **Service Description & Key Roles & Responsibilities Of Health Department**

It is the responsibility of the LHD to provide evaluation of patients for TB disease, provide treatment of TB disease, ensure adherence to therapy, conduct contact investigations, and provide treatment for LTBI.

- Upon notification of a suspect or confirmed case of TB the patient's clinical condition should be determined:
  - Immediately if not hospitalized
  - Within 3 days of notification if hospitalized
  - Basic physical exam should be completed within 7 days of notification
- Patient should be seen by LHD clinician as soon as possible if LHD supplying medication.
- Directly observed therapy (DOT) is a method for ensuring patients' adhering to therapy.
  - DOT is standard of care for all active TB cases.
  - Health care worker watches patient swallow each dose of medication.
  - DOT can lead to reductions in relapse and acquired drug resistance.
  - Use DOT with other measures to promote adherence.
  - Court ordered DOT may be necessary in some cases.
- Directly observed preventive therapy (DOPT) should be used for some higher risk patients, as well as children.
  - Children and adolescents.
  - Contacts to an active case.
  - Homeless individuals.
  - Persons who abuse substances.
  - Persons with a history of treatment non-adherence.
  - Immunocompromised patients, especially HIV-infected individuals.
- The decision to initiate a contact investigation should be made according to CDC guidelines.
  - Initial contact encounter should occur within three working days of the contact being identified in the investigation.
  - Completion of the evaluation of a contact should be completed according to CDC guidelines that are referenced in the PHPR.

### **Minimum Patient Responsibility**

- According to KRS 215.540 to 215.580 the "Kentucky Recalcitrant Tuberculosis Patient Control Law," a person with active tuberculosis has a legal duty and responsibility to the public to take reasonable precautions to prevent the spread of the disease.
- KRS 215.550, "Responsibilities of persons diagnosed with active tuberculosis," states that a person diagnosed with active TB disease may not refuse examination or treatment for TB.

# Well Child

## **Laws, Regulations, Guidelines**

Preventive well child/EPSTD health services promote and safeguard the health and wellness of all children through proactive leadership and service. The incidence of preventable disease, disabilities and injuries is reduced by providing preventive and specialized well child health services to low income children and by collaborating with community based and state level health and human services providers to develop a system of health care for the benefit of all children.

902 KAR 4:100: The cabinet for Human Resources, Department for Public Health Services is responsible for administering the programs of services in accordance with Title V of the Social Security Act (maternal and child health block grant).

KRS 211.180 (i) (e)-describes a function of the Cabinet as the “protection and improvement of the health of expectant mothers, infants and preschool and school age children and their families.” The Maternal and Child Health subprogram provides an oversight to the services and activities which focuses on these populations, including well child preventive health, lead poisoning prevention, injury prevention, abstinence education and coordinated school health in a plan to improve quality of life and positive health outcomes.

The administrative regulation 907 KAR 1:034 early and periodic screening, diagnosis, and treatment services and early and periodic screening, diagnosis, and treatment special services establishes the provisions relating to the early and periodic screening (EPSTD), diagnosis and treatment service and early and periodic screening, diagnosis and treatment special services for which payment shall be made by the Medicaid Program on behalf of both categorically needy and medically needy children under age twenty-one (21).

## **Target Population**

Priority for services will be to persons from low-income families or whose total annual Family income does not exceed 185 percent of the most recent federal Income Poverty Guidelines.

Unemancipated minors who wish to receive services on a confidential basis shall be considered on the basis of their own resources.

Charges for services will be made to persons other than those from low-income families.

## **Funding**

Child and Adolescent Preventive Health Services Program funding allocations are from the Title V MCH Block Grant and State General Funds and Medicaid.

## **Special Requirements**

### **Staff/Provider Requirements**

Well Child/EPSTD services are provided by a MD, Registered Nurse or Nurse Practitioner trained and certified in Well Child/Pediatric services.



### **Training**

A registered nurse or nurse practitioner must complete the state approved Pediatric Assessment didactic course on TRAIN, followed with a three (3) day practicum providing comprehensive health and history screening and assessment of the physical, mental, and social well being of children birth through 21 years of age. A total of 25 completed physical examinations within five age groups must be completed with a preceptor before certification is obtained.

All certified registered nurses and nurse practitioners are required to attend one update provide by the Well Child program every three years or other 6.0 CEU pediatric assessment program pre-approved by the Well Child Coordinator.

### **Reporting Requirements**

Reporting of client information is collected through the Patient Services Reporting System (PSRS). The system supports 1) appointment scheduling; 2) assessment of income and appropriate billing of client and third party payors; and 3) patient encounters.

### **Billing and Coding Procedures Specific to Program**

Financial eligibility for the well child program and regional pediatrics program shall be based on the 185 percent of the current federal Poverty Income guidelines.

Persons meeting additional eligibility requirements and whole family income is at or below 185 percent of the federal poverty level is eligible for the services of the programs.

Well Child clients will be billed according to a sliding fee scale, based on the latest federal Uniform Percentage guideline Scale in the AR Volume II, PSRS. This schedule reflects discount for individual with family incomes based on a sliding fee scale between 100-250% of poverty.

Any Medicaid eligible child is eligible for EPSDT screening under the age of 21.

### **Other Special Requirements**

In compliance with Federal Regulation all services of local health departments shall be conducted in a manner that no person will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination on the grounds of race, color, disability, national origin, sex, age or religion.

Providers shall comply with the Americans with Disabilities Act and any amendments, rules and regulations of this act.

### **Program Specific Offerings**

Registered nurses and nurse practitioners are required to attend one update provided by the program every three years or other 6.0 CEU pediatric assessment program pre-approved by the Well Child Coordinator.

### **Special Equipment Requirements**

Providers shall be located in a facility that is constructed, equipped and maintained to insure the safety of the children and provide a functional, sanitary environment.

The area utilized during the screening examination shall provide adequate privacy.

The provider shall have the necessary equipment, in proper working order, to provide the basic screening tests outlined in the PHPR.



### **Service Description & Key Roles & Responsibilities of Health Department**

Services are to be appropriate for age and health history. Services may be provided to children not eligible for medical assistance aged birth through six (6) years of age, infants up to one (1) year of age of women enrolled in the prenatal program, children from seven (7) to twenty-one (21) years of age enrolled in the regional pediatric clinic program.

Minimum services to be provided or arranged in accordance with the standards recommended by the American Academy of Pediatrics (Bright Futures) are to include: health and developmental history; unclothed physical history; unclothed physical examination; development assessment; vision hearing testing; nutritional assessment; laboratory testing; anticipatory guidance and health education; referral for acute, chronic, or handicapping conditions, with preauthorized payment for physician services, pharmacy or laboratory tests for acute conditions identified during the preventive health assessment; and nursing follow-up of referrals.

To be eligible for the regional pediatric program, the child shall be in the age range of birth to twenty-one (21) years, and have a chronic condition or suspected chronic illness or disability not covered by other state or community agencies. Preventive health care, specialty consultation, special procedures, medications and appliances shall be available with preauthorization only to children who receive ongoing medical management through regional pediatric clinics.

Regional pediatrics services minimum services to be provided in accordance with the standards developed for the regional pediatrics program are: diagnostic evaluation and management clinics by a pediatrician; preventive health care; referrals for specialty medical consultation or special procedures; medications; appliances and follow-up nursing care. The clinic shall have a governing body, legally responsible for the conduct of the clinic, which designates a director or supervisor and establishes administrative and clinical policies.

Screening clinics conducted under the direction of a registered professional nurse shall have a physician licensed in Kentucky acting as medical consultant.

Administrative policies shall outline who is to conduct each test and include procedures for the initial contact, follow-up contacts, maintaining patient records and transfer of information from one provider to another. A copy of this shall be retained in the provider's files. All abnormal screening results shall be discussed in understandable terms to the child, parent or guardian and either treated or referred by the screener for further assessment, diagnosis, and treatment to the appropriate health care professional

### **Minimum Patient Responsibility**

Any Medicaid eligible child is eligible for EPSDT screenings under the age of 21. Well child comprehensive physicals include ages 0-21 years of age.

Client or parent/guardian of client are expected to keep appointment scheduled according to periodicity recommendations and any recommended follow-up referrals.

# WIC Program

## **Laws, Regs, Guidelines**

The WIC Program is authorized by Section 17 of the [Child Nutrition Act of 1966](#), as amended. The [Code of Federal Regulations](#) 7 CFR Part 246 govern the operation of the program along with the state Administrative Regulation [902 KAR 4:040](#).

When required by the Nutrition Services Branch each local agency will sign a Statement of Assurance of Compliance with Regulations for the Special Supplemental Nutrition Program for Women, Infants and Children for continued participation in the Program.

## **Target Population**

Pregnant, breastfeeding and postpartum women, infants and children up to the age of five (5) must be at nutritional risk. The applicant must be a resident of the state of Kentucky and provide proof of residency, income and identity. The applicant must meet the income qualifications.

## **Funding**

WIC funds are allocated based upon an equitable method to cover expected nutrition services and administrative costs to the extent possible. Funds are distributed in a reimbursement method based upon submitted expense reports for allowable Program costs.

Annual WIC expenditures shall provide a minimum of twenty percent (20%) for nutrition education and a minimum amount per breastfeeding participant as specified by USDA. Local health departments not meeting these minimum amounts shall be subject to the withdrawal of funds for any year that these levels are not met.

When directed by the Nutrition Services Branch and when funding is inadequate to serve the statewide caseload, all local health departments shall maintain priority waiting list of Program eligible persons who are likely to be served.

## **Special Requirements**

- ***Staff Requirements:***
  - A certifying health professional will determine eligibility, certify persons for the program and prescribe supplemental foods. A certifying health professional is a Physician, Nutritionist (bachelor's degree), Certified Nutritionist (master's degree and certified by the State Board of Certification), Dietitian (RD/LD), Nurse (R.N., L.P.N., ARNP) or a Physician's Assistant.
  - Each local agency shall designate a staff person to serve as WIC Coordinator. It is recommended that this staff person be a nurse or nutritionist who has experience in providing WIC services in a local health department. For a list of duties for the WIC Coordinator please see Volume II of the Administrative Reference, WIC Section.
  - Each local agency shall designate a staff person to serve as Breastfeeding Coordinator to coordinate breastfeeding promotion and support activities. This staff person should be a nutritionist or nurse who has experience in providing WIC services in a local health department and is trained in breastfeeding. An agency may request approval from the Nutrition Services Branch to designate a different classification for this function. For a list of duties for the Breastfeeding Coordinator please see Volume II of the Administrative Reference, WIC Section.
  - Each local agency shall designate a staff person who is a nutritionist or nurse to coordinate nutrition education activities. For a list of duties for the Nutrition

Education Coordinator please see Volume II of the Administrative Reference, WIC Section.

- **Training Requirements:**

- Appropriate staff will attend training as required by the Nutrition Services Branch.

**Reporting Requirements:**

- A monthly report of program operations cost must be submitted. Cost must be broken down by client services, nutrition education, breastfeeding promotion and general administrative cost.
- Reporting of client information is collected through the Patient Services Reporting System. The system supports 1) appointment scheduling; 2) patient encounters; 3) food instrument or EBT issuance and inventory; 4) billing and households if issuing benefits through EBT.
- Copies of Vendor Agreements must be maintained. All agreements must be approved by the Nutrition Services Branch.
- Management evaluations and site visits are conducted by the Nutrition Services Branch staff to review program operations as required by USDA and WIC regulations. The WIC Coordinator is informed of any identified deficiencies and/or inappropriate procedures/policies. Corrective action is to be implemented by a specified time frame to be in compliance or a monetary penalty may be assessed.
- An annual Nutrition Education Program Plan must be completed and the plan submitted to the Nutrition Services Branch for review and approval.

**Billing and Coding Procedures:**

- Adhere to all policies and procedures relating to billing and coding for the WIC Program as outlined in the Administrative Reference (AR) and the Public Health Practice Reference (PHPR).

**Other Special Requirements:**

- Adhere to all policies and procedures relating to the WIC Program as outlined in the Administrative Reference (AR) and the Public Health Practice Reference (PHPR).
- Adhere to timeframes for service delivery as outlined in Volume I of the Administrative Reference.
- Provide outreach for all categories of participants and disseminate program information as directed by the Cabinet.
- Provide the opportunity to register to vote at WIC application, certification, and transfer for women eighteen (18) years old and older.
- Publishes information on WIC services and any programmatic changes on at least an annual basis. The Nutrition Services Branch publishes this information on a statewide basis. Local health departments are notified of these publications which are to appear statewide. All local health departments are responsible for reviewing the newspaper(s) in their service area to determine if the WIC services announcement(s) appears. If the announcement does not appear, the local health department shall contact the area paper and request the announcement run free of charge. If the local paper does not offer free public service announcements, the local health department shall pay to have the notice published.

- Ensure computer equipment is made available to ensure efficient entry of services into the web--based system and that the computers are maintained in accordance with guidance in Volume I of the Administrative Reference.
- All adults applying for the WIC Program for themselves or on behalf of others shall be provided written information on the Medicaid Program at each certification and recertification. Other information shall be provided as specified by the Nutrition Services Branch.
- Local agencies shall make nutrition education available to all participants. During each six-month certification period, at least two nutrition contacts shall be made available to adults and children. Infants certified for longer than six months shall have nutrition education contacts made available on a quarterly basis.

#### **Program Specific Offerings:**

##### **WIC Farmers' Market Nutrition Program (FMNP)**

FMNP provides participants in the WIC Program with coupons to purchase fresh fruits and vegetables at local farmers' markets. Through this Program, WIC participants receive the nutritional benefits of fresh fruits and vegetables in addition to the regular WIC food package. Due to limited federal funding, not all agencies have this Program. See WIC Program in AR, Volume II for additional information concerning the WIC Farmer's Market Nutrition Program.

##### **Breastfeeding Peer Counselor Program**

The Breastfeeding Peer Counselor Program is designed to provide mother to mother breastfeeding support and basic breastfeeding education to WIC Program mothers who are pregnant or breastfeeding. The goals of the Breastfeeding Peer Counselor Program are to meet the Healthy People 2010 Objectives which are: 75% initiation of breastfeeding; 50% at 6 months; and 25% at 1 year of age.

- **Target Population:** The WIC Program participants who are of the status of pregnant or breastfeeding.
- **Funding :** Due to limited federal funding, not all agencies have this Program. The Program is funded by a federal breastfeeding peer grant. Funds are allocated based upon an equitable method to cover expected services and administrative costs to the extent possible. Funds are distributed in a reimbursement method based upon submitted expense reports for allowable Program costs. The expenses for this program are limited to those specifically related to Breastfeeding Peer Counseling.
- **Special Requirements:**
  - **Staff/Provider Requirements:** Peer Counselors must have successfully breastfed at least one baby and have been a WIC participant. Peer Counselors should be contracted with the agency. The Peer Counselor must have a
  - **Training:** Prior to being placed under contract or working with pregnant or breastfeeding mothers, Peer Counselors must complete 12 modules of Loving Support Through Peer Counseling. Each year the Peer Counselor must complete 4 hours of continuing education.
- **Reporting Requirements:** The web-based Breastfeeding Peer Counselor system must be used to report all encounters with clients by the Peer Counselor. See WIC Program in AR, Volume II for additional information concerning the Breastfeeding Peer Counselor Program.

### **WIC Services Description And Key Roles And Responsibilities Of The Health Department**

The WIC Program provides nutrition education and healthy foods to pregnant, breastfeeding and post-delivery women, infants and children up the age of five (5) who meet income and health risk guidelines.

The applicant must provide proof that they are a resident of Kentucky, proof of identity and proof of household income eligibility.

The certifying health professional then determines nutritional risk based upon national guidelines. This is determined from an assessment including height, weight, diet and a brief medical history. A blood test may be necessary.

A certifying health professional explains to the person why he/she qualifies for WIC; for example, the child has low iron and would benefit from the WIC foods. The health professional provides nutrition education which may include such topics as recommended infant feeding guidelines, planning a healthy diet or wise shopping ideas. Breastfeeding education such as advantages of breastfeeding, how to breastfeed and the benefits of breastfeeding are provided during the prenatal and post-delivery periods. A food package is prescribed by the health professional based upon category of the participant and individual needs, such as homelessness. The participant is provided up to three (3) months of program benefits which contain the prescribed food packages for specific healthy foods, a list of approved foods that can be purchased and a list of stores that are authorized to cash the food instruments.

Referrals are provided for such services as immunization, well child, social services, community services and medical nutrition therapy (extensive individual diet counseling).

#### **Minimum Patient Responsibility:**

The WIC participant has certain rights but also responsibilities to utilize the Program in a proper manner.

- The applicant must provide proof of income, residence and identity. The applicant must be a resident of Kentucky.
- A WIC participant cannot be enrolled or participating in more than one (1) WIC agency/site or in WIC and the [Commodity Supplemental Food Program](#) (CSFP) at the same time.
- Each participant must be informed of their rights and responsibilities at certification and recertification. Certain standards exist for participants who have been determined to abuse the Program. See Volume II of the Administrative Reference, WIC Section.

#### **Services (Arranged and Paid) Include:**

WIC services and screenings must be provided at no cost to the applicant/participant.

## **WIC PROGRAM APPLICANT/PARTICIPANT FAIR HEARING PROCEDURES**

### **The following are policies that pertain to WIC applicants and participants only:**

1. A WIC applicant/participant shall be provided with a copy of the Fair Hearing Procedures when:
  - Found ineligible;
  - Disqualified or suspended during a certification period; and
  - An action has resulted in a claim for repayment of improperly issued benefits.
2. Requests for fair hearings shall be honored unless:
  - The request for a hearing is not received within sixty (60) days from the date of notice; or
  - The request is due to the tailoring of the WIC food package, which results in a reduction of supplemental foods.

The fair hearing will be in accordance with Administrative Regulation [902 KAR 4:040](#) which meets the requirements of [KRS Chapter 13B](#).

Additionally, refer to the WIC Program Fair Hearing Procedures Poster and Fair Hearing Procedures Info Sheet in the WIC Program of the AR, Volume II.

The following general procedures shall be used:

1. A hearing shall be scheduled with the Hearing Officer/Committee within three (3) weeks from the date a request is received. A minimum of two (2) more hearings shall be scheduled in the event the requesting party cancels the initial hearing with good cause;
2. The requesting party shall be notified in writing of the date, time, and place of the hearing at least ten (10) days prior to the hearing. The hearing notice shall be sent by certified mail with return receipt requested;
3. The requesting party has a right to be assisted or represented by an attorney or other persons; to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal;
4. The procedures shall not be unduly complex or legalistic, and shall take into consideration the requesting party's background and education;
5. The Hearing Officer/Committee shall have no prior knowledge of the case under appeal, and shall not have participated in the original decision;
6. A written report of the hearing, including the decision, any documentary evidence, and a summary of all testimony shall be retained for a minimum of three (3) years. This report shall be available for copying and inspection by the requesting party or his/her representative at any reasonable time during the three (3) year period;
7. The requesting party and/or representative shall be notified in writing of the decision and the reason for the decision within forty-five (45) days from receipt of the request for the hearing. The decision shall be sent by certified mail with return receipt requested.



In the event a hearing is rescheduled, the deadline for receiving the hearing decision in writing shall be extended by the number of days between the original hearing date and the rescheduled hearing date;

8. If the record of a hearing or decision is copied or inspected by a person(s) other than the plaintiff or his/her representative, the names and addresses of any participants and other members of the public shall be kept confidential;
9. If the decision is appealed, the local health department shall submit to the Administrative Hearing Branch, Office of Program Support, Cabinet for Health and Family Services, the verbatim written transcript or a recording of the hearing along with all papers, requests and the final decision, upon request; and
10. The decision of the Hearing Officer/Committee shall be binding to all parties; however, if the requesting party wishes to appeal a decision, the party or his/her representative shall:
  - a. Submit to the Secretary of the Cabinet for Health and Family Services, 275 East Main Street, Frankfort, KY 40621, a written request for an appeal. The request shall state the ruling, the reasons aggrieved, and the relief sought, [KRS 211.090](#) and [KRS 211.260](#). The appeal must be made no later than fifteen (15) days after receipt of notice of the written decision.
  - b. The appeal will be held in accordance with Administrative Regulation [902 KAR 4:040](#).

**The following policies pertain to WIC Vendors:**

1. A WIC Vendor shall be informed in writing of the right to a hearing and the method by which a hearing may be requested for the following adverse actions:
  - a. Denial of application to participate in the program;
  - b. Disqualification; or
  - c. Other adverse action which affects participation during the agreement performance period.
2. The following actions are not subject to appeal:
  - a. Expiration of an agreement with a vendor;
  - b. The WIC Program's determination of participant access; or
  - c. Disqualification from the WIC Program as a result of disqualification from the Food Stamp Program.
3. The vendor's fair hearing will be in accordance with Administrative Regulation [902 KAR 4:040](#) which meets the requirements of [KRS Chapter 13B](#).

**The following policies pertain to WIC local agencies:**

An appeal shall be granted if a local agency:

- Is denied application;
- Has participation in the program terminated; or
- Has any other adverse action affecting participation.

The appeal shall be to the Cabinet and shall be in accordance with the requirements of [KRS Chapter 13B](#), Administrative Regulation [902 KAR 4:040](#) and the relevant federal and/or state regulations or laws.

Appealing the termination or suspension does not relieve the local agency from continued compliance with program requirements. Any adverse action will be postponed until a decision is reached in the hearing. A local agency cannot appeal the expiration of their services at the end of the service period.

**Hearing Officials' Duties For The WIC Program**

Hearing procedures for the Cabinet for Health and Family Services and local health departments/agencies shall be governed by [KRS Chapter 13B](#) and Administrative Regulation [902 KAR 1:400](#). WIC Program hearing proceedings for applicants, participants and vendors are governed by [KRS Chapter 13B](#) and [902 KAR 4:040](#).

WIC Program applicant/participant hearings shall be conducted or presided over by an impartial official or hearing body who does not have any personal stake or involvement in the decision, who was not directly involved in the determination of the adverse action being contested and who has no prior knowledge of the case under appeal.

The hearing official shall:

1. Administer oaths or affirmations to persons who will be testifying on either the local health department's behalf or the requesting party's behalf;
2. Ensure that a verbatim transcript or recording of the hearing proceedings is obtained;
3. Ensure that all issues relevant to the case are considered;
4. Request, receive, and make a part of the hearing record all evidence which has been determined to be necessary to decide the issues being raised;
5. Regulate the conduct and the course of the hearing in a manner which is consistent with due process in order to ensure an orderly hearing;
6. Order, only in cases involving a participant and only when necessary or relevant, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and local health department; and
7. Render a hearing decision which will resolve the dispute. The written decision shall:
  - a. Summarize the facts of the case;
  - b. Specify the reasons for the decision;



- c. Identify supporting evidence and pertinent regulations or policy;
- d. Be based upon the application of appropriate Federal Law, regulations and policy as related to the facts of the case as established in the hearing record; and
- e. Be a part of the record for the hearing.

**Cross Reference: Rules For Conduct Of Hearings**

Administrative Hearing Regulation [902 KAR 1:400](#).

Special procedures apply for local health department Merit System employees and applicants for employment. (See Local Health Department System Administrative Regulations [902 KAR 8:100](#) ; and [902 KAR 8:110](#).)

Special procedures may apply to programs with administrative regulations, such as the WIC Program's Administrative Regulation [902 KAR 4:040](#).